DOCUMENT RESUME

ED 273 410 RC 015 887

TITLE Appalachia: Rural Women and the Economics of Hunger. Hearing before the Domestic Task Force of the Select Committee on Hunger. House of Representatives, Ninety-Ninth Congress, First Session.
INSTITUTION Congress of the U.S., Washington, DC. House Select Committee on Hunger.
PUB DATE 22 Oct 86
NOTE 160p.; Serial No. 99-8. Some pages may not reproduce well due to small print.
PUB TYPE Legal/Legislative/Regulatory Materials (090)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS Childhood Needs; Community Programs; Economic Factors; Eligibility; Federal Programs; Females; Food Standards; *Health Needs; Health Programs; *Hunger; Infant Mortality; Infants; *Mothers; *Nutrition; *Poverty; Pregnancy; Program Descriptions; Rural Areas; Rural Economics; *Young Children
IDENTIFIERS *Appalachia (Central); Congress 99th; Feminization of Poverty; Food and Nutrition Service; Food Stamp Program

ABSTRACT

The Domestic Task Force of the House Select Committee on Hunger met to hear testimony on women and hunger in Appalachia and on food assistance programs and legislation, including H.R. 2100, the 1985 farm bill. Introductory remarks by task force members outline the bill's food assistance provisions, which include increased funding for food stamp programs, reauthorization of surplus commodity distribution, improvement of nutrition monitoring and education programs for low-income groups, and an employment and training program for food stamp recipients. This report includes transcriptions of the hearing proceedings and numerous prepared statements from health professionals, private citizens, and local program leaders. Testimony and answers to questions by Robert E. Leard of the Food and Nutrition Service explain and defend the agency's food assistance programs and policies. Topics include definitions of hunger, health and nutritional status of the rural poor in Appalachia, infant mortality rates, health care during pregnancy, and health and nutrition for infants and young children. Several nutrition programs are briefly described, e.g., school lunch and breakfast; supplemental food for women, infants, and children (WIC); and the Buy Smart, Eat Smart campaign. (JHZ)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED273410

APPALACHIA: RURAL WOMEN AND THE ECONOMICS OF HUNGER

HEARING

BEFORE THE

DOMESTIC TASK FORCE

OF THE

SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, OCTOBER 22, 1985

Serial No. 99-8

Printed for the use of the Select Committee on Hunger

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

SEP 1986
RECEIVED
ERIC/CRESS

U.S. GOVERNMENT PRINTING OFFICE
55-759 O WASHINGTON : 1986

RC015887

SELECT COMMITTEE ON HUNGER

MICKEY LELAND, Texas, *Chairman*

TONY P. HALL, Ohio
BOB TRAXLER, Michigan
LEON E. PANETTA, California
THOMAS A. DASCHLE, South Dakota
VIC FAZIO, California
SAM GEJDENSON, Connecticut
PETER H. KOSTMAYER, Pennsylvania
SALA BURTON, California
BYRON L. DORGAN, North Dakota

MARGE ROUKEMA, New Jersey
BILL EMERSON, Missouri
SID MORRISON, Washington
BENJAMIN A. GILMAN, New York
COOPER EVANS, Iowa
ROBERT F. (Bob) SMITH, Oregon
DOUG BEREUTER, Nebraska

DOMESTIC TASK FORCE

LEON E. PANETTA, California, *Chairman*

BOB TRAXLER, Michigan
SAM GEJDENSON, Connecticut
SALA BURTON, California
MICKEY LELAND, Texas
(Ex Officio)

BILL EMERSON, Missouri
SID MORRISON, Washington
MARGE ROUKEMA, New Jersey
(Ex Officio)

PROFESSIONAL STAFF

MIRANDA G. KATSOYANNIS, *Chief of Staff*
RAYMOND W. KONAN, *Minority Staff Director*

CONTENTS

Page

Hearing held in Washington, DC, October 22, 1985 1

Statement of:

- Burton, Hon. Sala, a Representative in Congress from the State of California, opening statement of 4
- Casey, Letta, Roses Creek Hollow, TN, accompanied by Henry Lee Casey and J.J. Casey 29
- Couto, Richard A., director, Center for Health Services, Vanderbilt University, Nashville, TN 43
- Leard, Robert E., Administrator, Food and Nutrition Service, U.S. Department of Agriculture 5
- Leland, Hon. Mickey, a Representative in Congress from the State of Texas, opening statement of 3
- Panetta, Hon. Leon E., a Representative in Congress from the State of California, opening statement of 1
- Stuart, Lynnette, Help Empower Local People (H.E.L.P.), Inc., Big Stone Gap, VA 55
- Threatt, Jane R., president, In Our Own Way, Washington, DC 57
- Vautrin, Teri, education coordinator, Dungannon Development Commission 31
- Walker, Jesse Lee, M.D., Indian Mountain Clinic, Jellico, TN, and medical director, Laurel Fork-Clear Fork Health Services, Clairfield, TN 45
- Williams, Bill, WBIR-TV, Knoxville, TN, accompanied by Nancy Cole, Barwick Community Garden Project 41

Prepared statements, letters, supplemental material, et cetera:

- Appalachia: Rural women and the economics of hunger, general background information 97
- Appalachian Regional Commission, "IMR Program, News & Notes," February 1985 101
- Casey, Letta, Roses Creek Hollow, TN, prepared statement of 74
- Couto, Richard A., director, Center for Health Services, assistant professor of human resources, Vanderbilt University, prepared statement of ... 79
- Deaton, Carolyn, Barwick, KY, prepared statement of 102
- Leard, Robert E., Administrator, Food and Nutrition Service, U.S. Department of Agriculture:
  - Food stamp income eligibility limits adjusted with inflation 72
  - Food Stamp Program quality control sanction system 72
  - Participation in major Federal food assistance programs (fiscal year 1984), table 69
  - Participation rates of the Food Stamp Program in Kentucky, Tennessee, Virginia, and West Virginia compared with the Nation, 1980-84 71
  - Prepared statement of 63
  - Program participation in Appalachia, statement for the record 70
  - Responses to questions submitted by:
    - Hon. Byron L. Dorgan 11
    - Hon. Mickey Leland 7
- Pizzano, Winifred A., Federal cochairman, Appalachian Regional Commission, prepared statement of 106
- Stuart, Lynnette, Help Empower Local People (H.E.L.P.), Inc., Big Stone Gap, VA, prepared statement of 92
- "The Possible Effects of Nutritional Status and Growth of Children on the Economic Potential of West Virginia," October 1985, paper entitled . 109

Prepared statements, letters, supplemental material, et cetera—Continued

Page
Voehringer, Judith, executive director, Rural Opportunities, prepared statement of 154
Walker, Jesse Lee, M.D., medical director, Laurel Fork-Clear Fork Health Services, Clairfield, TN, prepared statement of 91

APPALACHIA: RURAL WOMEN AND THE ECONOMICS OF HUNGER

TUESDAY, OCTOBER 22, 1985

House of Representatives,
Domestic Task Force,
Select Committee on Hunger,
Washington, DC.

The task force met, pursuant to call, at 9:30 a.m., in room 210, Cannon House Office Building, Hon. Leon E. Panetta (chairman of the task force) presiding.

Members present: Representatives Leland, Burton, Dorgan, Gilman, and Smith.

Also present: Representative Perkins.

OPENING STATEMENT OF HON. LEON E. PANETTA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. Panetta. The Domestic Task Force of the Select Committee on Hunger is now is session for the purpose of hearings on the issue of Appalachia: Rural Women and the Economics of Hunger.

I am Congressman Leon Panetta. I Chair the select committee's task force on domestic hunger. I would like to welcome all of those present to what I believe will be a most challenging and important hearing on the status of hunger in central Appalachia.

I know that several of our witnesses and others from their communities have made a special effort to be here from a relatively long distance. I want you to know how much all of us appreciate your coming to Washington to share with us the wisdom and the pain of your experience. I hope that you will find your trip to be worthwhile. Not only do we intend to listen carefully to what you have to say today, but I also hope that today's hearing will provide added impetus to the Congress to take positive steps to alleviate hunger in America in the remaining weeks of the session.

As most of you know, the House recently adopted H.R. 2100, the Food Security Act of 1985, which is this year's farm bill. Included in that bill are three very important titles relating to food assistance. Title XV would improve the adequacy and accessibility of food stamp benefits by restoring a small portion of the major cutbacks that were made several years ago. Title XVI would reauthorize the Temporary Emergency Food Assistance Program of surplus commodity distribution. It would reauthorize that program for 2 years and continue very essential Federal funding for administrative costs. Title XVII would improve the current nutrition monitoring and nutrition education programs for low-income Americans.

Also included in the bill is an employment and training program that Congressman Emerson and I designed to provide greater employment services and opportunities for employable food stamp recipients.

While H.R. 2100 will not end hunger in America, it will take positive steps to ease the acute hunger pangs that are felt by many of the Nation's poorest households. However, we do face an uphill battle in the fight for that legislation. The Senate Agriculture Committee has reported a bill that cuts nearly as much as we would invest in nutrition programs. With Senate floor debate on that bill about to begin, it is extremely important that everyone concerned about the hunger issue focus their attention on urging a more compassionate response from the Senate.

Today's hearing continues the work of the committee in investigating the plight of groups or localities that are especially vulnerable to the hunger problem. It also follows up on the work of several committee members on the recent report by Public Voice for food and health policy that shows that significantly higher rates of infant mortality and low birth weight in poor rural counties are taking place than in the rest of the country. Fairly or unfairly, the name Appalachia is often associated with severe, rural hunger, and health problems. We are anxious to hear about the extent of these problems in the region, their causes and, hopefully, their possible solutions.

While we are interested in hearing the views of all of the witnesses on food assistance programs and legislation, including H.R. 2100, I urge each of you that are testifying to be expansive and imaginative about what else can be done in this area. I have often found the work on the national hunger issue to indeed be frustrating, because, while I believe we are on the right track, it is difficult to always see clear, concrete results from the passage of national legislation. So, it would be most helpful to us if we could discuss how that legislation is impacting or would impact at the local area, what new approaches can be developed, and what additional responsive mechanisms can be put in place.

Hunger today in America is a serious national problem; make no mistake about it. Countless hearings and studies have documented beyond dispute its growth in recent years. The health impact of this hunger issue is something I think all of us have long feared. These health impacts are beginning to emerge in the official Government statistics.

Just 10 days ago, the New York Times reported unsettling new infant mortality rate data. The provisional 1984 data of the Public Health Service indicate that, for the second year in a row, our progress against infant mortality has slowed considerably. While the overall infant death rate declined slightly, the death rate among infants between 28 days and 11 months of age actually increased. It is during this period that health and nutrition intervention plays a critical role in the survival of these children. Much of the lowering of the mortality rate for infants 28 days or less probably can be attributed to advances in medical technology. But beyond that, we are talking about factor like adequate nutrition.

The existence of hunger and related health problems is a national shame. That this problem continues to grow in a time of over economic growth makes it all the more intolerable. We must take steps now to turn this problem around and avert the further human and economic costs that it imposes. I hope that the insights gained at this hearing, which is devoted to an area of the country where poverty and hunger have been especially longstanding and intractable, will bring us just a step closer to a hunger-free America.

Mr. Leland.

OPENING STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Chairman **Leland**. Thank you very much, Mr. Chairman. Particularly I want to commend you for your leadership in trying to enhance the survival of literally millions of American citizens in this country, as chairman of the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the Agriculture Committee, and today for your leadership here.

I would like to join my colleague, Congressman Panetta, in welcoming you to this hearing. It has come to the attention of the Select Committee on Hunger that many rural areas of our country are suffering from increased hunger and unsubsiding poverty. We have learned that rural poverty is distinct from urban poverty. The underdevelopment of many rural economies, transportation, and the accessibility of service systems increase the severity of poverty and compound the obstacles in overcoming this condition. Today we want to investigate the causes and possible solutions to these problems in one such area, central Appalachia. Specifically, we will be looking closely at how hunger and poverty affect the women in this region.

From the time the committee began organizing this hearing, I have heard many refer to Appalachia as a land of contrasts. It has been called a land of beauty with sloping mountain ranges and lush forests, a land once boasting great wealth of natural resources. On the other hand, I have heard it described as a land filled with rampant poverty, a region of the country from which men are forced to migrate to find jobs and where there is little hope of escape from poverty for the women and children who are left behind.

Twenty years ago, Appalachia was a land ignored by the progress and prosperity experienced by the rest of this Nation. According to a 1964 report issued by the President's Appalachia Regional Commission, one in three families lived in poverty. Unemployment was officially 40-percent higher than the national average. And 11 out of every 100 persons over the age of 25 had not completed 5 years of school.

In 1965, President Lyndon Johnson enacted legislation promoting both economic and human development programs to bring Appalachia to a position of equal footing with the rest of the country. A commendable amount of progress in this regard has been made. Yet, with the decline of major central Appalachian industries such as coal mining and textiles, much of the progress once made is now in jeopardy. In 1985, one-third of the 397 counties which make up Appalachia suffered unemployment rates more than twice the 7.5-

percent national average; 58 of these counties have at least 25 percent of their population living in poverty. In 18 of these counties, at least one-third of the population lives in poverty.

Anti-hunger organizations located in central Appalachian States have told us that many residents would not be able to eat without food stamps. News accounts bringing national attention to the growing poverty and despair in isolated Appalachian communities are proliferating. In the midst of these revelations, we have witnessed a gradual withdrawal and threatened termination of Federal support for economic and human development programs.

For most residents of rural Appalachia the outlook for prosperity in the near future is grim. For many of the women, there is little time to worry about this outlook since they must devote all of their energies to meeting the struggles that are part of making it through each day. Community program operators report the growing responsibility placed on women to sustain their families. They also report the need for education and training that will prepare women for any jobs which may exist in the area; child care services that will permit them to enter the work force; and wages that will allow them to properly care for their children.

I am worried about the poverty and hunger confronting people living in rural Appalachia. I fear for the health and well being of families who subsist on biscuits, beans and gravy because that is all they can afford. Today we are immersed in debate on implementing sophisticated space warfare. What good will it do us to have a sophisticated defense system when those it is designed to protect are living in want and unable to develop their own potential? We must commit the political will toward eradicating poverty of this degree. It is the duty of this Congress to hear and work on behalf of all individuals.

Today we will hear from health professionals, private citizens, and local program leaders who can describe what hunger and poverty mean in Appalachia. I look forward to hearing what they have to say about these conditions and what role we can play in making life better for them.

Thank you, Mr. Chairman.

Mr. **Panetta**. Thank you.

Mrs. Burton.

OPENING STATEMENT OF HON. SALA BURTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mrs. **Burton**. I serve with Representative Panetta on the Domestic Hunger Task Force. Yesterday ABC, Peter Jennings started a program—I don't know how many of you saw it—Hunger in America. It was devastating. It doesn't deal only with Appalachia. It deals with hunger in the cities.

I come from a city that is well known for it level of prosperity, the city of San Francisco, with magnificent restaurants, a lot of tourists, and beautiful people. And we have lots of hunger. This committee came out to see that one of our churches serves 3,000 hungry people a day. It isn't just grown men who are on skid row. There are women, of all races, there are children.

So, I am very anxious to hear what you have to say. It is to me a devastating thing that we have today hunger in America.

Mr. **Panetta**. Thank you very much.

Our first witness will be Mr. Robert Leard, who is Administrator of the Food and Nutrition Service, U.S. Department of Agriculture, to present us with a background on some of the programs that impact on Appalachia.

Mr. Leard, you may proceed.

STATEMENT OF ROBERT E. LEARD, ADMINISTRATOR, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE

Mr. **Leard**. Thank you, Mr. Chairman and members of the committee. Thank you for the invitation to appear before you today to discuss the role played by the Food and Nutrition Service programs in meeting the food needs of the poor, including those in Appalachia.

On a national scale, the scope of FNS programs is impressive and varied in nature. Food and Nutrition Service administers 13 food assistance programs primarily for persons with low incomes. Special target groups include nutritionally needy women, infants, and children, native Americans, the elderly, and school-age children. The largest of the food assistance programs is the Food Stamp Program.

Started in 1961 as a pilot project in West Virginia and six other States, the Food Stamp Program is expected to expend over $10.7 billion in fiscal year 1985 on benefits plus close to another billion in administrative costs, and to provide assistance during the course of the year to about 35 million persons. It is our first line of defense against hunger. Any household that meets the income and asset requirements is eligible for food stamps.

Food stamp benefit amounts are based on household size and income; benefits received vary accordingly. Seventy percent of food stamp participants are members of households headed by women. Sixty percent of food stamp dollars go to these households, most of which include children. I should emphasize that food stamps are designed to serve as a supplement to other resources the low-income families may have. Food stamps are not intended to be a complete food subsidy. Also, it is important to understand that homeless persons are eligible for food stamps. Food and Nutrition Service has issued a policy letter to State agencies in recent months to reiterate and reinforce this policy.

The WIC Program, or Special Supplemental Food Program for Women, Infants, and Children, currently serves approximately 3 million pregnant and post-partum women, infants and children up to age 5 that are determined by a health professional to be at nutritional risk. In order to be eligible to receive benefits, the household must meet income eligibility requirements, general 185 percent of poverty, or about $19,700 a year for a household of four. In fiscal year 1985 we will spend approximately $1.5 billion on the WIC Program, more than twice the 1980 level.

Participation has increased 50 percent since 1981. The WIC Program is designed to give low-income women a better diet during pregnancy and up to 1 year after childbirth. Currently, some

659,000 women, 870,000 infants, and almost 1.6 million children are being served. The program also offers nutrition education in a health care setting. In fact, one of its most important benefits is that recipients are brought into the health care system. The WIC Program, incidentally, began more than 10 years ago, in 1974, when Debbie Holland of Pineville, KY, became the Nation's first participant.

A related, though smaller program is the Commodity Supplemental Feeding Program. It also serves low-income pregnant, breastfeeding, and post-partum women, infants, and children up to age 6. CSFP provides USDA donated commodities which are high in those nutrients usually lacking in the diets of the target population. In fiscal year 1985 we estimate the program will cost $35 million and serve about 140,000 persons per month. CSFP serves the District of Columbia and 12 States, including Kentucky, North Carolina, and Tennessee.

The School Lunch and School Breakfast Programs provide free meals daily to children whose families have incomes below 130 percent of the poverty level and reduced-price meals to those between 130 and 185 percent of the poverty level. Extra per meal subsidies are provided in the National School Lunch Program when the school district is serving 60 percent of its lunches to children whose families are below 185 percent of the poverty line, and in the School Breakfast Program when 40 percent of the breakfasts are served to children from families below 185 percent of poverty. Preliminary figures show that each school day during 1985, the Federal Government subsidized in whole or in part, meals for nearly 24 million school children, at an annual cost of about $3.7 billion.

In fiscal year 1985 we distributed a total of 1.7 billion pounds of commodities to schools and charitable institutions, including soup kitchens, at a value of approximately $1 billion. In addition, the Temporary Emergency Food Assistance Program, or TEFAP, provided commodities such as cheese, butter, nonfat dry milk, honey, rice, flour, and cornmeal to recipients for home consumption. The 1985 cost was approximately $1 billion. Our total commodity distribution was 2.6 billion pounds at a value just over $2 billion. Under TEFAP the distribution of commodities and $50 million provided to States for administrative expenses is based on each States number of persons below the poverty line and on the number of unemployed. As new unemployment and poverty data become available, the formula is updated to maintain appropriate targeting.

Other programs are targeted to the special needs of certain groups. The Special Milk Program, the Child Care Food Program, the Summer Food Service Program, the Nutrition Program for the Elderly, and the Needy Family Program on Indian reservations and trust territories complete the array of programs administered. Current estimates for fiscal year 1985 indicate that the total cost for these other programs will be about $630 million.

In general, the help provided by USDA food assistance programs increases with need, and it has been generous in response to adverse economic changes in recent years.

For example, the Food Stamp Program is indexed to the cost of food and poverty income levels. If the number of poor increases, more persons are eligible. For example, the program grew to 22.6

million persons served per month in March 1983, but has tappered off to a projected 19.5 million persons in September 1985, largely as a result of economic improvement. However, I should reiterate that during the course of the year some 35 million people will have used the program.

The School Lunch and School Breakfast Programs are programs which operate to increase in size if need increases.

To provide a summary overview of the major FNS programs available in the four States which are the primary focus on this hearing, I am submitting data for 1984, the most recent fiscal year for which we have final figures.

I must point out that a greater proportion of students in these four States participate in the School Lunch Program, 68 percent of them, than the proportion of students nationwide, 59 percent.

The total amount of food assistance provided to these four States in fiscal year 1984 was as follows: for Tennessee, it was $473 million; Virginia, $346 million; Kentucky, $510 million; and West Virginia, $232 million.

I have visited parts of Appalachia and have inspected local programs funded by the Food and Nutrition Service. I must say that I have been impressed by the dedication of those who operate the programs. There can be no doubt that our public feeding programs are an essential resource to many people in which is called Appalachia as well as throughout our Nation.

Thank you.

RESPONSES TO QUESTIONS FOR ROBERT E. LEARD

QUESTIONS SUBMITTED BY HON. MICKEY LELAND

Question. The farm bill recently passed by the House creates Commodity Supplemental Food Program services for the elderly. How does the Department intend to promote these food services for low-income senior citizens?

Answer. We are aware of congressional bills that would maintain administration of the Elderly Pilot Projects in this Department and extend the pilots beyond the current three sites. The bills we have reviewed place varying degrees of emphasis on use of Commodity Supplemental Food Program (CSFP) funds to serve the elderly versus women, infants and children. From a management standpoint, we are not enthusiastic about these options. Further stress on the hybrid character of the CSFP would blur the program's focus and make day-to-day control and oversight more difficult. We further believe that senior citizens are most efficiently served through the Food Stamp Program and the well accepted congregate and home-delivered meal programs authorized by the Older Americans Act.

Question. In September, Congressman Panetta and I were involved in the release of new findings on the health and nutrition status of the rural poor. This Ford Foundation-funded study found that infant mortality and low birth weight rates have been increasing since 1981 in 85 rural counties with over one-third of the population living in poverty. This included 18 counties in Appalachia. What is USDA planning to do to assure that State WIC Programs reach out to areas with increasing low birth weight and/or infant mortality rates with expanded services?

Answer. FNS sponsors two supplemental feedings programs—WIC and CSFP—which are targeted toward the low income, high risk maternal and infant population. All of the rural poor counties in Appalachia are served by one of these two programs. The funding formula for WIC includes consideration of the State low birth weight and infant mortality rates. Equally important, our regulations require that WIC State agencies develop plans to "initiate or expand operations in areas most in need of supplemental foods." This frequently means funds are targeted to counties with high infant mortality rates.

Targeting encompasses the range of activities directed toward increasing program utilization by the high risk population. WIC regulations define pregnant and breastfeeding women and infants at medical-nutritional risk as the highest priority for program enrollment. Efforts to increase the number of high risk women and infants served include changing reporting requirements to require semi-annual reporting by priority group (to better monitor targeting), providing guidance to States, serving as a clearinghouse for information on targeting and referral, working cooperatively with the National Association of WIC directors to develop standards of practice for caseload management, and a number of research projects. In addition, specific targeting goals have been established for States needing improvement.

Question. From the beginning of the WIP Program in the 1970's Congress has been interested in information evaluating its impact on health and nutrition. In recent years, the Department has spent several million dollars on national evaluations to produce important information in this area. Dr. Rush, a major investigator on this study has told committee staff that your technical department completed review of this evaluation. What has prevented the Department from releasing this study, and when can we expect its distribution?

Answer. The report has been under normal review within the Department. RTI, the contractor for this study, is now doing final editing and is preparing to print the report. We expect to have the report ready for distribution by the end of December.

Question. We have come to rely on TEFAP as a supplement to the Food Stamp Program. What is USDA doing to assure that rural areas in which private, voluntary networks are limited participate in TEFAP and deliver food to the needy, isolated poor?

Answer. USDA allocates TEFAP foods and administrative funds to States in accordance with a formula based on poverty and unemployment statistics in each State. Once this assistance is provided to the States, the overall organization and administration of TEFAP becomes the responsibility of the State agencies. The State agencies are responsible for selecting local organizations to distribute the foods and for channeling this help to the areas most in need. States are required to earmark at least 20 percent of the Federal funds provided for payment of intrastate storage and distribution incurred by local agencies. While neither the TEFAP legislation nor regulations require that special consideration to be given to rural ares, we believe States that include such areas should make an effort to ensure participation in rural areas. We believe that States are making every effort to be responsive to the needs of all of their needy citizens regardless of their geographic location.

Question. The committee has been investigating the number of persons who are eligible but unserved by Federal food programs. We have found that accurate information collected on the State and local levels is hard to acquire. What steps are you taking to evaluate how effective the current system is in reaching those in need?

Answer. There are obvious difficulties in estimating the numnber of eligible nonparticipants—and assessing the reasons for their nonparticipation—in Federal food programs. We have tried to take several different approaches to this task. For example, we have relied heavily on national household surveys, like the Current Population survey, to get a handle on the extent of participation and nonparticipation in the Food Stamp Program. We expect to rely even more heavily on the ongoing Survey of Income and Program Participation to provide more refined estimates of national trends.

Moreover, in the course of several special studies conducted by the Department in recent years, we have tried to assess the extent of nonparticipation among selected groups. A demonstration of the effects of providing food stamp benefits in cash to Supplemental Security Income (SSI) recipients, for example, looked at reasons for nonparticipation among the elderly. A demonstration of simplified application procedures looked at nonparticipation in the Food Stamp Program among public assistance recipients. The National Evaluation of School Nutrition Programs (NESNP) looked at participation patterns among school-aged children.

These efforts have shown that there are a variety of factors that influence the number of eligible persons served by entitlement programs like the Food Stamp and National School Lunch (NSLP) Programs.

Fully two-thirds of all the people eligible for food stamp benefits in any given month actually participate. But there is a lot of variation among different groups of eligibles. The chance of participating increases, for example, as income falls. We estimate that about four out of every five eligible people with income below the proverty line will receive food stamps. Particpation in other public assistance programs, like Aid to Families with Dependent Children or SSI also increases the chances participation in the Food Stamp Program. Participation rates are lower than average among elderly persons who do not participate in other assistance programs.

Participation in the Food Stamp Program is also sensitive to changes in the economic climate. With an improving economy and more people working, average annual food stamp participation dropped from an all time high of 21.6 million people (in 1983) to 19.9 million people (in 1985). At the same time, Federal funding increased 14 percent during the last 4 years from $10.3 to $11.8 billion.

In the NSLP, about 95 percent of all public schools participate in the program. since it is first the school's decision to offer the program, a few children may not have access to the program. However, it is also the child's and family's decision to participate on any given day. Program data suggest that about 60 percent of the students in school on an average day eat a subsidized lunch. Data from the Department's National Evaluation of the School Nutrition Programs, indicate that during the course of a week about 80 percent of all children in school eat a subsidized meal. Many factors, including the appeal of alternate lunch choices, may affect a student's decision to eat the school lunch.

Since the WIC Program is a grant, not an entitlement program, it is not designed to serve all potentially eligible persons. The program has a priority system so that those persons most in need of benefits are served first. The program serves about one-third of those eligible if one considers income only, but nutritional risk is also an eligibility criterion. Considering both criteria, the share of eligible persons served is larger.

It should be noted that the WIC Program has grown substantially in recent years. WIC Program funding increased by 71 percent from 1981-85, while participation increased by 50 percent.

Question. You stated that program operations could be improved in Appalachia to get "food to people and people to food." What are your suggestions in this area?

Answer. With regard to more effective delivery of WIC benefits to needy persons in the Appalachia area, we are aware of some improvement efforts underway to get "food to people and people to food."

In Kentucky, many of the health departments use satellite WIC clinics at various local building locations, such as schools and VFW halls, to bring the benefits of WIC to rural and remote areas, in an attempt to reduce the need for travel for persons situated in these areas. Additionally, the WIC State staff works directly with the family Health Services of Appalachia Regional Hospital, in Hazard, to identify and reach potentially eligible women, infants and children. Through these and other outreach efforts, the State staff maximizes the delivery of WIC benefits to especially needy persons, and, in fact, the extent to which Kentucky reaches potential eligibles is comparable to the national average.

In Tennessee, the health department has arranged for van transportation service to clinics. The transportation is free for those who cannot afford to pay. WIC staff routinely make personal visits to schools, doctors' offices, and human service offices, to identify high-risk needy persons eligible for WIC. Working with human service offices, which deliver food stamp and Aid for Dependent Children benefits, the WIC staff has actively encouraged referrals of potentially high-risk persons. As a result of these and other efforts, the State has achieved a considerable increase in WIC caseload and is better utilizing its WIC funds.

Both of these States have initiated innovative ways to reach rural, remote areas, and many other States have joined them in identifying and implementing special efforts to target benefits to those with greatest need.

Program policies and regulations are highly supportive of these efforts. For example, regulations permit WIC administrative funds to be used to provide participant travel, to support mobile clinics, to target outreach and to arrange for referral networks. The regulations also require that WIC State agencies coordinate program operations with other programs such as the Food Stamp Program, prenatal care and the Early and Periodic Screening, Diagnosis and Treatment Program. Additionally, regulations require that States initiate or expand WIC Programs in a priority order reflective of each area's economic and health need for the program through an Affirmative Action Plan. The regulations also require that States annually provide information on the program to organizations could include hospitals, unemployment offices, farmworkers groups, and other caregiver organizations in low-income areas.

Technical assistance is available from FNS regional and field office personnel as well as from State distributing agency representatives to improve TEFAP operations at the local level. Additionally, FNS has recently completed a draft handbook providing technical assistance to State localities for conducting successful programs. The handbook, which is especially suitable for use in Appalachia, is a compendium of best practices gained from observing model operations of State and local agencies as well as volunteer civic and service organizations. The publication is basically a how-to document providing guidance on all facets of TEFAP. It discusses the program, interviewing applicants, utilizing volunteer groups, storage and distribution of commodities, and recordkeeping practices. The draft is currently being reviewed in our regional offices and we expect it will be widely available in the near future.

In addition, FNS has been involved in many national efforts which, if not currently operating in Appalachia, may be applicable in the future. In order to simplify the application process we have sponsored a Simplified Application Demonstration Project and work with the Department of Health and Human Services (DHHS) on Integrated Services Demonstration Projects. We have also worked with DHHS to improve conformance of food stamp and Aid to Families with Dependent Children (AFDC) rules. An exciting project to improve the delivery of food stamp benefits is the Electronic Benefit Transfer Demonstration Project in Reading, PA, which uses credit card technology and on-line systems instead of paper food coupons. Participants like it because they do not need to stand in lines to get the food coupons with their authorization to participate cards and because they find the card more convenient than coupons.

In the National School Lunch Program we are constantly developing and testing ways to improve meals so that they are more nutritious and attractive to school children. This includes new recipe card files and better ways to use donated commodities. In the past several years, the number of family day care homes participating in the Child Care Food Program has grown substantially, increasing the number of sites where women can ensure their children are well fed in child care.

Question. You made reference to a definition for hunger. Would you explain the definition used by USDA?

Answer. The context in which I referred to a definition of hunger was as it relates to the level of participation in the Food Stamp Program. An increase in Food Stamp Program participation cannot be equated to an increase in hunger. An increase in participation indicates that people eligible for food stamps are making use of that program and that they now have access to a fully adequate diet if they will shop wisely. Food stamp participation is sensitive to changes in the Nation's economy, increasing at times of high unemployment and decreasing when the economy recovers. In terms of supply and demand, changes in demand for food assistance are met by changes in the aggregate level of assistance supplied by the Food Stamp Program. This flexibility and availability for food assistance in the U.S. is one reason why our population—even those in poverty—have access to adequate nutrition.

The President's Task Force on Food Assistance discussed the difficulties in defining hunger and stated: "First, hunger can be defined as a condition in which the level of nutrition necessary for good health is not being met because one lacks access to food. Second, hunger, in a loose sense of the word, also means a situation in which someone cannot obtain an adequate amount of food, even if the shortage is not prolonged enough to cause health problems."

We concur with the task force assessment that there are a "range of different problems, having different causes and demanding different treatment, that contribute to what is known abstractly as the problem of 'hunger'."

Question. You stated that without a Food Stamp Program, there would be problems in feeding poor people in Appalachia. We have a Food Stamp Program there, yet we continue to experience what I see to be very grave problems. To what do you attribute this problem, and what can be done to alleviate it?

Answer. It is dificult to take up the question of food assistance in Appalachia without considering the larger issues of regional poverty and unemployment. Many of the areas in the region have faced the problems of depressed incomes, limited opportunities, and daily hardships for generations.

Our experience over the last 20 years has shown that the causes and consequences of poverty in general, and of Appalachian poverty in particular, are serious problems that defy easy solutions.

The Food Stamp Program alone cannot resolve those problems. But the Food Stamp Program, together with the whole range of other Federal nutrition assistance programs that are available to the low-income residents of Appalachia, can—and does—help.

In 1985 alone, the Federal Government provided nearly $20 billion in food assistance throughout the country. The States of Kentucky, Tennessee, Virginia, and West Virginia received more than $1 billion.

In addition, we have sponsored educational programs to help program recipients spend their food dollars wisely. These efforts have been supported by many local volunteers who have sponsored their own workshops on nutrition education and food purchasing. Volunteers made available under the Temporary Emergency Food Assistance Program.

Question. How much has been spent on the Buy Smart, Eat Smart campaign in the four central Appalachian States?

[Note: This project has been called variously Make Your Food Dollars Count and Buy Better, Eat Better.]

Answer. FNS has spent a considerable amount of time and effort in developing the campaign at the national level. Regional staff have spent many hours conducting training workshops and disseminating the ideas in the Appalachian States. Unfortunately, the only area in which we have accurate accounts of the cost is the cost of printing and distributing materials. The total cost for the four central Appalachian States for the Buy Better, Eat Better campaign for printing and distribution of pamphlets is $3,550 over the length of this project.

Question. How does USDA plan to evaluate the effectiveness of the project?

Answer. A demonstration and evaluation project is being planned to test the feasibility of various nutrition education efforts using materials developed for the Buy Better, Eat Better campaign. These nutrition education activities would be based in food stamp offices. They would also involve efforts by local community groups. On the basis of responses to a notice to be placed in the Federal Register, one or more sites will be selected for the demonstration and evaluation project.

QUESTIONS SUBMITTED BY HON. BYRON L. DORGAN

Question. To what extent do the price-support and surplus foods included in a monthly package for the Food Distribution Program on Indian Reservations (FDPIR) meet the recommended dietary allowances (RDA) set by the Food and Nutrition Board of the National Academy of Sciences?

Answer. With the publication of the July 19, 1979 regulations (7 CFR 253), a nutrient analysis of the FDPIR food package was conducted. At that time, the food package exceeded the RDA levels, except for vitamin A which was 94 percent of the RDA. Based on this analysis, we increased slightly the quantity and variety of canned juices, fruits and vegetables, in an effort to increase the vitamin A nutrient. In addition to these items, a few other items have been added to the food package since the 1979 nutrient analysis was completed. A second analysis is currently being conducted which incorporates the various additions to the food package over the past few years.

Question. Could you please summarize your findings on the acceptability of the commodity package for the Food Distribution Program on Indian Reservations (FDPIR)? Do you have plans to alter the content of the package based on your findings?

Answer. We surveyed our regional offices in September 1979 concerning Indian food preferences and continuously request feedback concerning the food package. We are in the process of developing a computerized system that will facilitate the continuous analysis of the food package.

Question. Are the resources for transportation and storage of commodities on Indian reservations adequate to assure distribution of the food packages to all of those in need?

Answer. Yes, we believe the resources for transportation and storage of commodities are adequate. Approximately $14.6 million in Federal grants and another $2.5 million in local funds were spent to administer the Food Distribution Program on Indians Reservations (FDPIR) during fiscal year 1985. These funds were made available to State and local agencies to cover allowable administrative costs. In addition to transportation and storage, these funds were used to cover personnel and certification costs necessary to administer a FDPIR.

The regulatory provision which limits Federal funding to 75 percent of approved administrative costs also states that funds in excess of 75 percent can be made available to a State agency (SA) or Indian tribal organization (ITO) that provides compelling justification for the additional funding. This system adequately meets the needs of those organizations operating the program.

[The prepared statement of Robert Leard appears at the conclusion of the hearing, see p. 63.]

Mr. **Panetta**. Thank you very much, Mr. Leard. I appreciate your taking the time to come and testify.

Let me ask you, from your experience at USDA and looking at the problems in Appalachia. Is there a severe hunger problem in Appalachia?

Mr. **Leard**. There are people down there who can use food, there certainly are. There are a lot of things I think also, Mr. Chairman, that are being done down there and can be improved to get food to these people and these people to food.

Mr. **Panetta**. You have described a number of programs that apply there as well as elsewhere in the Nation. I think in one area on school lunch you indicate that there is a 68-percent participation rate in school lunch programs as opposed to 59 percent nationwide. Could you review the other programs as far as the aid in Appalachia compares to the rest of the country?

Mr. **Leard**. I have some numbers here.

I would like to provide that for the record, if I may, because my numbers don't lend itself to giving you an exact comparison. I would have to take it on a population basis. That would be about the only way really for the Food Stamp Program that I could do it. But I will provide that, if you would like it.

Mr. **Panetta**. I would. I would appreciate that, if you could provide that.

Mr. **Leard**. Do you just want this for the four States that we are talking about?

Mr. **Panetta**. Primarily, if I could look at those.

Mr. **Leard**. OK.

[The information referred to appears at the conclusion of the hearing.]

Mr. **Panetta**. Let me ask, in comparing—you have your 1984 figures. Do you know how those figures for those four States compare to, let's say, 1983, 1982, 1981?

Mr. **Leard**. I have those numbers, yes.

Mr. **Panetta**. Do you have those?

Mr. **Leard**. Right here, yes.

Mr. **Panetta**. All right. I guess what I am interested in, for example, is whether there is an increase, a decrease, or whether they are stabilized. What do you see in terms of participation in each of those programs relating to the States?

Mr. **Leard**. Do you want me to respond to that now, sir?

Mr. **Panetta**. If you can.

Mr. **Leard**. All right. I am going to give you between 1980 and 1984. In the four States combined, the Food Stamp Program participation rose by 9.2 percent to 1.84 million between fiscal year 1980 and fiscal year 1984. However, then by 1985 it has declined to 1.72 million above that same 1980 level.

I think you are aware that the Food Stamp Program peaked in 1984 and in 1985 the numbers have dropped some. From 1980 to 1984, its high point, it went to, there was an increase of 1.84 million. And that increase has now declined to 1.72 million.

That's for the four States. I can give you the individual States if you wish.

Mr. **Panetta**. Can you tell me whether, for example, on school breakfast or the WIC Program or the TEFAP Program whether there is increased participation in those programs as compared to the rest of the country?

Mr. **Leard**. The School Breakfast Program—I am going to have to do it by State now. From 1980 to 1985 the School Breakfast Program has increased in Virginia. It has doubled in size in West Virginia. It has increased in Kentucky. And it has doubled in Tennessee. That is the School Breakfast Program.

The School Lunch Program has increased some in Virginia. It has increased about 20 percent in West Virginia. It has increased somewhat in Kentucky. And it has increased in Tennessee.

Incidentally, I must also—I am going to give you dollar numbers here now in those programs.

I can't give you the 1980 to 1984 people. I am just giving you the dollar numbers we have.

TEFAP, of course, really is only 1983, 1984, and 1985. Those numbers have pretty much stayed constant for 1984 and 1985 because we have leveled off the amounts that we are giving out. However, I can tell you on the TEFAP that some States have taken more than their share when it has been available. Kentucky has taken more in 1985 for the periods that we have, which is really for the first 6 months. They took more than their share when it was available, considerably more. Tennessee has taken more than their share. West Virginia has taken more. And Virginia has not taken more.

Mr. PANETTA. How about the WIC Program?

Mr. LEARD. Between 1980 and 1984, participation—again, I am talking now in people here—for those four States, rose by 28.8 percent.

Mr. PANETTA. That is between 1980 and 1984?

Mr. LEARD. Yes, sir.

And in 1985 the data we have, which is not final data, it appears that there will be another 4 percent increase over the 28.8 percent.

Mr. PANETTA. So, between 1980 and 1985 there has been an over 30 percent increase?

Mr. LEARD. That is the best number we can give you.

Mr. PANETTA. Have you, yourself, gone to Appalachia?

Mr. LEARD. I have. I have spent some time. I have been in West Virginia. I went into McDowell County and went through all our programs down there and visited a number of cities down there. I did this when it had probably the highest unemployment rate in the United States at that time. This was about 1½ years ago.

I have seen our programs down there and have some very definite opinions there. There is no doubt there are a lot of very dedicated people down there that are running these programs and working very hard to make them go. There are still some things I felt could have been done, too.

Mr. PANETTA. What are some of those?

Mr. LEARD. I felt that there were a lot of people down there that weren't getting involved. I would use this not just West Virginia, but almost anywhere I go, there can be more involvement. For instance, an example, I met with a pastor down there who is running a food donation program out of his church. He was complaining about the fact that he had an overhead which required him—part of his overhead required him to pay for transportation of this food that he was getting for free from various food banks into the city where he donated it. And while this transportation wasn't a great cost, by the same token, it was substantial.

I asked him what were the unions doing down there. Here are the unions with the big hall in this town. They have storage. They have transportation. He hadn't talked to them.

The point I am making here is that there were people there. And I went to the union and visited with the union and asked the union head who met with me, could he provide transportation. He said, well, he could.

And I point out things such as this where they can save money which then can be put back into more food.

I also think that you can use such things as your National Guard. There are military bases in many of these areas. There are always more stores that aren't—what goes out their back door is not being utilized.

There are any number of things, I feel, can be done to improve the volunteer effort.

I think the other thing that should be done is—and we are doing something in this regard—is that we need to assist the people on food stamps in ensuring that they get more for their money. We are providing through a program called Making Your Food Dollars Count States with materials so that they can assist in educating the food stamp recipients in buying better: buy smart and eat smart. We have some of the pamphlets here, which I would be glad to share with you.

We have given each of these States, I might add—I had the list here. So far, we have shipped out over 250,000 pamphlets to the four States that we are discussing.

Mr. **Panetta**. In your visits there, were there any requests for additional benefits in terms of the programs that you have identified?

Mr. **Leard**. Not to my knowledge, no.

Mr. **Panetta**. Nobody asked you about improving the degree of benefits that are provided through these programs——

Mr. **Leard**. No.

Mr. **Panetta** [continuing]. Food stamps and the others?

Mr. **Leard**. No.

Mr. **Panetta**. You did talk to the people there?

Mr. **Leard**. I talked some. I mainly was talking to administrators of these programs. I talked in the WIC Program. Of course, I was looking at the commodities and how they were moving. I was in the food stamp offices.

Mr. **Panetta**. Mr. Leland.

Chairman **Leland**. Thank you, Mr. Chairman.

Let me go back to a question that was asked by the chairman earlier. Let me just ask you for the purpose of edification, is the problem of hunger worse in this region of the country than any other place in the country?

Mr. **Leard**. I can't truthfully answer that yes or no. I don't know that it is worse here than in other parts of the country. I would say this. There are more people on the programs in these States than in many of our other States. Of course, that is generally true throughout the South. So, I can't honestly tell you yes or no that it's worse here than in other parts of the country.

I would say this. Unemployment has been high in West Virginia, where I was, and it certainly, I am sure, was a problem there when I saw it.

Mr. **Panetta**. Would the gentleman yield?

Chairman **Leland**. Yes.

Mr. **Panetta**. Doesn't increased participation mean there is a worse problem in that area?

Mr. **Leard**. It means that more people are availing themselves of the program. But I don't know that that means more people are hungry than in other places because these people are using this program. I would define that, if somebody is using the Food Stamp Program, then they are not hungry; they have got food.

Mr. **Panetta**. If there is more unemployment compensation going to a particular area, it's a good sign of large unemployment.

Mr. **Leard**. I would say that, if that's the definition you want to use, there are some States further south that have very heavy use of our programs that might be where—if that's the definition of hunger you want to use. But I can't say that that's more hunger there than in other parts of the United States.

Chairman **Leland**. To what extent are the programs that you are responsible for alleviating the problem? Do you think that we are about to wipe out hunger in that particular region, the region in question here today?

Mr. **Leard**. I can't tell you that. I think our programs are doing a good job. I think that the Food Stamp Program, without it, they would be a problem. We know that the Food Stamp Program is a very effective program. We know that the WIC Program is a very effective program within the bounds in which it operates. We know that the National School Lunch Program is still the best buy in town. I believe if people who are eligible will avail themselves, that there is plenty of food there.

Chairman **Leland**. We continue to hear horror stories about the Food Stamp Program and other programs which serve poor people. You are suggesting now that they have been very helpful. These programs that have been very helpful are constantly under attack. It seems that, when we are talking about our budgetary concerns in this Congress, some of our colleagues continue to attack the Food Stamp Program and say that's the program we should cut. Under some of the proposed so-called balanced budget policies, too, that we are seeing advocated, we are looking once again at cutting back on programs like the Food Stamp Program.

We went through a very painstaking experience on the floor during consideration of H.R. 2100 a couple of weeks ago. Many of our colleagues were trying to cut the Food Stamp Program one more time. If it had not been for the leadership of our chairman here, we would have been in very dire shape. But here you are, testifying that we may possibly even need higher food stamp benefits. It seems to me that, if the problem of unemployment is increasing, if, in fact, unemployment is causing people to solicit assistance from the program even more so in this particular region, that we possibly need more food stamps. We need more WIC.

Why is it that you think that some of our colleagues and the administration, I might add, would advocate cutting these programs?

Mr. **Leard**. Mr. Leland, I think you're putting words in my mouth, quite frankly. I don't advocate that we need more Food Stamps. I think the program is fine just the way it is. These people can live on the amount they get. I think the WIC program is fine the way it is.

The problem, if people aren't getting into this program, it's an entitlement program, and I know of nobody who has ever said they wanted to cut the program out and not make an entitlement program for people. I feel the program is fine the way it is. What we need to do is tighten up and ensure that the truly needy get the program and that people who are not needy are not allowed to avail themselves of it.

I think the programs are out there.

Chairman **Leland**. Mr. Leard, we were in the Mississippi Delta right after the creation of this select committee. We heard horror stories from poor people who were saying that they had food stamps. They were availing themselves of the program. The problem was that they could not sustain themselves with the food stamps that they were getting. I know that this is a different region, but is that not the case again, in this region, too, that because of the budget cuts in the program, people are getting food stamps but benefits are not adequate to sustain them throughout the month?

Mr. **Leard**. The Food Stamp Program is tied to the cost of food inflation. The issue is that the Food Stamp Program has never been intended to be the primary food use for people unless those are totally broke. It is a supplement to your income. People are intended to spend some of their money, expected to spend some of their income, 30 percent, on food. Now, I have looked at some of those cases that came out of the Mississippi Delta. We have gone back down there and checked on what they have in the way of food. And I think you would be amazed, sir, if you would see how much some of those families, what their income was.

The fact remains that we hear a lot about people who are running out of food stamps. That is one of the things that we want to work with people, is to make sure that those who insist or do not buy the right foods or who are paying too much for their foods, we would like to help train these people so they can buy smart and eat smart.

The amount of food stamps that people are getting should last, if they will be judicious.

Chairman **Leland**. Let me ask you something, Mr. Leard. Are you taking into consideration the escalating cost of utilities and the other costs of living—the interests that are factored into this whole scheme of things—when you determine the affordability of people to buy additional food to supplement what they get through the Food Stamp Pprogram?

Mr. **Leard**. I am aware that utilities are going up. I think this may be part of the reason that people are not using their money for food, that they are shifting some of this money that they would normally use for food onto other matters. I have had it said to me that a lot of people pay their rent and their utilities first and then buy food.

Chairman **Leland**. I have got a very, very serious problem with your conclusion that we are spending enough money on food stamps in this Government to help people. It seems to me, particularly when we look at the infant mortality rates in the last few years, something is wrong. We are talking about 18 counties in the Appalachian region that are having very serious problems with infant mortality. This condition is directly related, quite integrally related, to low birth weight. A child when he or she is born with low birth weight is going to suffer from the mortality that we are fearing so greatly here in this country.

Mr. **Leard**. I understand that. We have looked at this also. We find that the rate-specific rates for rural poor counties in the rest of the country are similar. But I would point out, sir, that we have a program for people, the WIC Program. Here we are spending $1.5 billion on the WIC Program and 3 million people are on it, and only about 600,000 of them are pregnant women.

This increase in the WIC Program is not showing this great increase of going toward pregnant women. Unfortunately, as you increase the program, the easiest people to bring on are children. The States ought to be getting out to these pregnant women. This program is there to help them.

Mr. **Dorgan**. Would the gentleman yield?

Chairman **Leland**. I yield to the gentleman.

Mr. **Dorgan**. The point, Mr. Leard, is that the WIC Program is to deal both with pregnant women and young children. I have visited several WIC centers, in fact some recently. There isn't enough money in the WIC Program. There simply isn't. If you take a look at the waiting list, you will discover in some of these WIC centers that you've got women living in poverty, women with young children, very young children living in poverty that are not able to be taken under the WIC rolls because there is not sufficient money in that program.

When you said that there is sufficient money in that program, I just say I think you're wrong. I think the evidence shows you're wrong.

Mr. **Leard**. Sir, I would suggest that that State or where you visited is not using the priority system as it is supposed to. The priority is that pregnant women should come on the program first and then infants and then children at nutritional risk. And that is what we have always stated as our priority to this program.

Mr. **Panetta**. I am going to try to implement the 5-minute rule so everybody gets their chance.

Mrs. Burton, I've got Mr. Gilman here, but go ahead.

Mrs. **Burton**. I am going to be very brief.

I would like to ask you something about eligibility. You have said that, in order to get food stamps you must verify your gross income. How long does it take for you to find out if a person is eligible to get food stamps, or any of the programs, for that matter? How long does it take?

Mr. **Leard**. There are two parts to this answer, if I may. If somebody comes in and is destitute, then we are required by law to get food stamps to them in 5 days.

Mrs. **Burton**. You can starve to death in 5 days. Can't they get something the same day?

Mr. **Leard**. No. It's 5 days. That is called expedited services.

This is the outside. We have to do it within that time. That is not to say that they don't get them sooner.

Mrs. **Burton**. How about the regular——

Mr. **Leard**. When the regular one—we have to get them the food stamps within 30 days.

Mrs. **Burton**. Well, I think you ought to expedite that, because I understand that people starve not only in 5 days but in 1 day, if they have nothing to eat or haven't had anything to eat for a while.

I have something else to ask you.

Mr. **Leard**. Could I add something to that?

Mrs. **Burton**. Yes.

Mr. **Leard**. The States generally do a much better job than this. I am giving you the maximum time within which we have to provide them. That's the law.

Mrs. **Burton**. I understand that the States are also lax. I wish you could give food to people and then check them out, you know. Give them food stamps and then check them out. Then if they are cheating, stop then. But this eligibility factor, this means test is too long. People suffer too long and wait too long until they get help.

Are you going to recommend cuts next year on any of these programs?

Mr. **Leard**. Quite frankly, we haven't looked at next year yet in terms of that, so I would——

Mrs. **Burton**. It's 2 months away.

Mr. **Leard**. I would like to defer, if you wouldn't mind.

Mrs. **Burton**. Well, I would like to get a response to some point, all right. Thank you.

Mr. **Panetta**. Mr. Gilman.

Mr. **Gilman**. Thank you, Mr. Chairman.

Mr. Leard, with regard to the criteria, the income eligibility for food and nutrition programs, do you feel that they are realistic and are current?

Mr. **Leard**. Yes, sir, I feel that they are very realistic. Our eligibility rules for the Food Stamp Program, of course, are 130 percent. They are higher for the WIC Program, 185 percent. And for children they are high. We feel that this is really targeting to the needy.

Mr. **Gilman**. When was the last that these criteria were revised?

Mr. **Leard**. Do you mean the levels at which people are let in?

Mr. **Gilman**. The eligibility criteria.

Mr. **Leard**. It was adjusted on the first of July. It is done annually.

Mr. **Gilman**. Were they revised upwards? What was the status in July?

Mr. **Leard**. They were revised upward. I will provide you the exact number.

[The information referred to above appears at the conclusion of the hearing.]

Mr. **Gilman**. Some of the people who will be testifying a little later on this morning—and I have been looking over some of their statements; I am going to have to be leaving shortly—indicate that there is a substantial number of people in the Appalachia area who still are going hungry without sufficient food. How do you account for that?

Mr. **Leard**. I can only account for the fact, one of two things: they choose not to avail themselves of the program, or they have some kind of asset that makes them ineligible.

Mr. **Gilman**. Do we have sufficient information to provide the proper access for all of these programs throughout Appalachia?

Mr. **Leard**. I certainly think that our programs are fairly well known. I would suspect, you know, that the Food Stamp Program certainly has been in being long enough, the same for the school lunch, of course, that people should know about them.

Mr. **Gilman**. What specifically are we doing to make certain that we are helping folks out there use the food assistance to the greatest advantage?

Mr. **Leard**. We are doing a number of things. We have a program called Making Your Food Dollars Count, which I alluded to earlier, in which we are training people at the State level to go out and run clinics, workshops—these are nutritionists—to help people that are getting our food stamps to learn how to go into a store and make the most for their money: buy smart and eat smart.

Mr. **Gilman**. Are you doing that in the Appalachia region?

Mr. **Leard**. Yes, sir, we are. I can give you some examples of where it happened. In Wheeling, WV, we have a social worker we know about who is running a workshop in her area and very effectively. We have sent over 250,000 copies of this in those four States. We would like to send more. We feel this is very important that these food stamp recipients, some of whom are probably young people who haven't ever shopped for themselves, to try and teach them how to go in and get the most for the dollar, not go buy the name brand but buy the store brand, how to unit shop, and to read the labels and understand what they are buying, and to get away from the mom and pop stores.

We know that in Eastern Kentucky University there is a lady whose graduate students in nutrition are running workshops. So, there are these things occurring.

We are also providing a number of how-to documents to assist food banks and congregate feeding sites in the best practices how to set up and how to operate. We also go into the States and provide them with assistance in how to more efficiently transport and store their commodities. We have a number of areas going in commodities.

We are also providing a clearinghouse of computer programs to assist local schools to operate their program.

Mr. **Gilman**. What sort of an outreach program do we have to get to the more indigent families in Appalachia?

Mr. **Leard**. We are precluded by law from having outreach, sir, in the Food Stamp Program.

Mr. **Gilman**. What about in the other nutrition programs, the WIC Program, and any of the other programs? Do we have any outreach?

Mr. **Leard**. Yes, there is an outreach program in WIC.

Mr. **Gilman**. How do we educate the people of the availability of these resources, if we are not engaging in outreach?

Mr. **Leard**. These programs have been in being so long that I think the people know about them. They come into the welfare office, and we will run a check on them to see if they are eligible.

Mr. **Gilman**. Then you really aren't engaging in too much outreach. You are sort of depending upon prior knowledge. Is that what you're telling us?

Mr. **Leard**. That's right. We are precluded by law from outreach in the Food Stamp Program.

We have documents in the welfare office that they can come in and pick up.

Mr. **Gilman**. And the only program in which you engage in outreach then is in WIC? Is that right?

Mr. **Leard**. There is a small one in child care and summer feeding, but those are smaller programs. They do have some outreach.

Mr. **Gilman**. Do you have any recommendations about improving the status of the people in Appalachia with respect to food and nutrition?

Mr. **Leard**. I think that we just need to get more of those people on the program and make sure that those who are using these programs are making the best use of the food they are getting or the food stamps.

Mr. **Gilman**. Isn't that part of an outreach effort?

Mr. **Leard**. Not in the purest sense. I define outreach as being a program to go out to get people to come to the program.

Again, I would say that the most important thing we could do is those people on the program make sure that they are using their dollars so that they are not running out at the end of the month.

Mr. **Gilman**. How about the folks that are not on the program? Do we do anything about encouraging them to undertake proper nutrition programs?

Mr. **Leard**. I think that there are very few of them, people that don't know about this program.

Mr. **Gilman**. So then, you are content to say you're assuming that everyone knows about them and that those who are not on the program are doing the right thing and we're not reaching out beyond that. Is that what you are telling the committee?

Mr. **Leard**. To the best of our knowledge, we haven't any comments from the State that there is any problem with them getting out to the people in the State that need it.

Mr. **Gilman**. Do you think there is any problem out there?

Mr. **Leard**. No, I don't think that the cost would be worth, that we would get that many people to come on.

Mr. **Panetta**. The gentleman's time has expired.

Mr. **Gilman**. I thank the gentleman.

Mr. **Panetta**. Mr. Dorgan.

Mr. **Dorgan**. Thank you Mr. Chairman.

I believe that nutrition education is critically important. Why, for example, did the administration suggest last year eliminating the Extended Food and Nutrition Education Program completely, which is the major nutrition education program in the USDA?

Mr. **Leard**. That is not one of my programs. Just a moment, I will——

Mr. **Dorgan**. I see. The reason I ask the question, obviously, is we are talking about nutrition education, which all of us think is very important and—go ahead.

Mr. **Leard**. I believe it was going to be blocked in with other services in a block grant.

Mr. **Dorgan**. All right. Well, the block grant mechanism has always been a method, at least in the last 5 years it has been a method of eliminating something which is promised somewhere else but never quite shows up.

Let me ask you about targeting, if I might. I go into a WIC center, which, incidentally, I think is one of the best programs we have. It's targeted, works, effective, saves money, helps people. It has 500 people at that WIC center that are being served: pregnant women and families with young children that are living in poverty. They are fully allocated as to the money they have available. They cannot serve any more people. They are serving up to the 185- percent level.

I come in on a Monday. I am a pregnant woman with 50 percent of the poverty level income. What does that WIC center do in terms of your priority guidelines?

Mr. **Leard**. They would start to make you go through the paperwork to get you eligible. If you are 50 percent of poverty level, then you would be eligible. They would get you into the health setting and check your nutritional needs and put you on the program.

Mr. **Dorgan**. Except that I am saying they are fully——

Mr. **Leard**. And if you are the highest priority, which a pregnant woman would be, then you should get the next slot.

Mr. **Dorgan**. Right. But my point is this. And I think you answered the question that I asked originally. If I am a WIC center and using all of my resources—and some that I visited are, because we don't have unlimited money here. We have limited money for substantial needs out there. If I am a WIC center using all my resources and a pregnant woman walks in the door on Monday, living at 50 percent or 40 percent of the poverty level, desparately in need of help, she gets the next available slot. Is that not correct?

Mr. **Leard**. Right.

Mr. **Dorgan**. And a woman walks in with 30 percent of the poverty level income with two children desparately in need of help. That woman is not put on the rolls for nutrition for those two young children until the next slot is open. Is that not correct?

Mr. **Leard**. We must remember, sir, there is a good turnover in this program. People don't stay on this for long periods of time.

Mr. **Dorgan**. I remember that. But I am just saying that you don't eat in the long term; you eat every day. I am saying that, when that woman walks in the door, or those two young children are represented through that door as having a need for that food, and there's not a slot available because that WIC Program has resources that are fully utilized and fully necessary in that region, they don't get the help until there is a slot open. My point is, until they get that help, they are hungry.

What you had said earlier was that you think the WIC Program is satisfactory. I am saying it's one of the best programs we have. There are places in this country that I have seen personally that are in desparate need of more funds if you are going to serve all the people you want to serve. Or, alternatively, you might have to say when somebody at 30 percent of the poverty level walks in the door, we're going to have to knock somebody off at 170 percent of the poverty level to serve that priority.

That's not what is happening today in USDA. There are no guidelines that would suggest to someone who is administering this program that, when somone walks in the door at 30 percent of the poverty level desperately in need of help, that you either have some additional resources to call on to give them immediate help or you have a priority that says, well, let's knock the person off at 180 percent because there's not the kind of desperate need there that exists in this case.

I think additional resources are necessary or some priority approach by you is necessary.

Mr. **LEARD**. I would like to make a couple of comments. First of all, you must remember this is a supplement to other programs. This isn't intended to provide food for children, if they don't have any money for food, then there's the Food Stamp Program. So, people shouldn't be going hungry. This program should not be put in that context. It is to provide supplemental food; that's the name of the program.

Second, we do have a priority system as far as women. We do not dictate to the States what level and how they put whether it's 30 or 40 percent. And most States, I would suspect, would have some slots open or have some back pocket slots so they can get these poor people on. Or they very quickly get them on because there is a quick turnover in these people.

Mr. **DORGAN**. You suspect that but you don't know that.

Mr. **LEARD**. I think that the smart ones do. I have been in WIC clinics, and most of them are pretty well run. They will make room for those women if they are running it right.

Mr. **DORGAN**. Well, I guess the point I want to make to you is that when you suspect probably is not the case. I think that the administration of the program is with relatively limited resources for substantial needs out there. I would just encourage you and the USDA to be attentive to those needs.

I know it is easy for all of us to say that, if you are living at 30 or 40 percent of the poverty level, you needn't go hungry because we've got sufficient programs in this Government to keep you from going hungry. But it's easier for us to say that when we are not living on those programs than it is if we were living in those situations needing WIC, needing food stamps, needing the help that those programs give us, and also understanding that almost every single day here on Capitol Hill there is an attempt to cut, slash, or otherwise decimate most of those programs. And it is going to get much, much worse with the folks that are meeting upstairs on Gramm-Rudman, because the only place that you are going to be able to squeeze that lemon is in those programs that are so desperately needed by poor people.

I just wanted to make the point about WIC with respect to whether there is sufficient money to serve those who have the needs in WIC. I happen to think it is one of the best programs we have in Government.

Mr. **PANETTA**. Mr. Smith.

Mr. **SMITH**. Thank you, Mr. Chairman.

I share great joy in bureaucracy-bashing and administration bashing. I have been doing it for 24 years. I think the joy is determinant upon who exactly is administering the programs and who exactly is in the administration. I have some numbers before me that I wanted to verify, if possible. From 1980 until 1984, it appears to me that all the food assistance programs have increased by 50 percent. Is that true?

Mr. **Leard**. Yes, sir.

Mr. **Smith**. It looks like a $13 billion——

Mr. **Leard**. The numbers we have is that the total of all of our programs have increased by 33 percent from 1980 to 1984.

Mr. **Smith**. I have $13.8 to $19.5 billion, which includes all USDA food assistance programs. That is a 50-percent increase.

Mr. **Leard**. Yes. What we don't have in here, I suspect, is Puerto Rico, which you have included, which makes the difference.

Mr. **Smith**. I am leading up to a question, but before I do, I wanted to make the point that I was one of those who supported an efficiency in the Food Stamp Program on the floor. And I don't want to get into that debate again here. The point is that that did not decrease any food stamp recipient programs. It was an effort to improve the efficiency and the delivery system and save money in the system rather than any reduction to any recipient of food stamps.

The question that I continually have, and I think we all have, is this one. Obviously there are more people receiving food and assistance, but when we look at the numbers of increases of dollars of more than $6 billion in 4 years, what has that done to the per capita income of recipients? Has the per capita income from these programs increased as well as the dollar amount? Or are there just more people on the programs?

Mr. **Leard**. Part of this, of course, is that there is a new program that has come, which is the commodity program. That takes up some of the increase. The WIC Program has increased greatly in cost, which would take——

Mr. **Smith**. It's double. Have the recipients received more money? The WIC Program has doubled in the last 4 years.

Mr. **Leard**. Right.

Mr. **Smith**. Have the recipients received more money?

Mr. **Leard**. The cost has increased. Real benefits are about the same. Of course, in the Food Stamp Program, now, we have the thrifty food plan, which is the basis for our amount we give. That is indexed to the food inflation that has been going up, though not that much, because food inflation has been relatively low. The Food Stamp Program did increase in size up until last year. Now we are seeing the program start to decrease in size because it is basically tied to the economy and to unemployment.

Mr. **Smith**. This is a rhetorical question. You know, while we are bashing you for administration of this inappropriate program, isn't it possible for the Congress to increase the funds over your recommendation or the administration? And if there's a shortage, the Congress can increase the funding, I assume. You wouldn't fight that, would you?

Mr. **Leard**. We think that the program as it is presently structured is exactly the way it should be.

Mr. **Panetta**. The answer to the question is you would oppose it.

Chairman **Leland**. Will the gentleman yield?

Mr. **Gilman**. I will yield to the gentleman.

Chairman **Leland**. Does the gentleman understand that the Congress in fact did, in its wisdom, override the objections of the administration to the cuts that were proposed by the administration the last 4 years, in the area of food stamps and in the area of WIC? Had we not done that, food stamps would have been cut by a couple of billion dollars more, and also WIC would have been frozen——

Mr. **Smith**. I thank the chairman for that enlightment. However, by the same token, I listened to him almost accuse me of reducing food stamps to recipients in a vote on the floor. I just resist that.

Chairman **Leland**. I am sorry, the chairman was not aware that he had done that.

Mr. **Smith**. Well, there was a mention made that there was a reduction in food stamps. I wanted to make sure that the position that I and others took was not a reduction to recipients.

Chairman **Leland**. Let me assure the gentleman that I was not castigating him——

Mr. **Smith**. Thank you.

Chairman **Leland** [continuing]. And challenging his purpose at all.

Mr. **Smith**. I thank you.

Chairman **Leland**. But there were some members advocating the reduction of food stamps.

Mr. **Dorgan**. I was interested in your $6 billion figure. Was it $6 billion?

Mr. **Smith**. That's correct.

Mr. **Dorgan**. I just wanted to mention that one of the numbers that sticks in my mind is, when I came to Congress in 1981, one of the first cost overrun estimates of the F-18 airplane for the program was $8 billion. That's not the cost but the cost overrun.

Mr. **Smith**. Oh, I would love——

Mr. **Dorgan**. The $6 billion increase in nutrition program——

Mr. **Smith**. If I could regain my time, I would join my brethren in reducing defense costs as well. There is no question about that in my mind. And I voted that way.

Back to this question, I want to know, again to my question, are we providing enough money to food stamp recipients? Everybody runs out in the third week, including my wife, by the way, and we are on a substantial congressional salary. But how much is enough? I mean, are we doing it properly or not?

Mr. **Leard**. We feel we are doing it properly. Two things, of course, in terms of the program itself: its being an entitlement program, anybody who is eligible will get food stamps. Whether they are getting enough food stamps, our studies show that they are and that you can live on this and have a very excellent diet.

Mr. **Smith**. How much? What is it? How much it is that the average food stamp recipient receives?

Mr. **Leard**. It's $45 per person per month.

I might mention that our recent surveys show that 46 percent of the households in the Food Stamp Program met the recommended daily allowance of nutrients, of 11 nutrients. It is substantially higher than low-income households that did not participate in the program.

Mr. **Smith**. Very quickly, I had a hand in Oregon at a time when our welfare system was out of kilter. In fact, we went outside and hired Touche Ross to do an in-depth study of recipients and those receiving welfare who were ineligible. We found that over 20 percent of the recipients in Oregon receiving welfare were ineligible. I am wondering. Have you done any work in that respect, to determine how your eligibility is following your distribution and if in fact there are people taking advantage of the system, be it welfare, food stamps, WIC, and the others? If not, why aren't you doing it?

Mr. **Leard**. The States take a sample of their food cases, and we take a sample of theirs. That's the basis, of course, on which we find out overpayments due to either being ineligible or getting too much. The national error rate right now for 1983 was about 8.5 percent. Roughly half of that was ineligibles. So, I would estimate that right now about 5 percent of the food stamp recipients are ineligible for food stamps.

Mr. **Smith**. So, as a responsibility for efficiency in the system, does it belong to the States, or does it belong to you as an umbrella?

Mr. **Leard**. I think the States have to have the efficiencies, and we oversight it. Since we pay 100 percent of the money, we have to have some way of keeping people's attention on this.

Mr. **Smith**. Would you recommend any stronger position for the Federal Government with respect to eligibility and efficiency in management?

Mr. **Leard**. I think that the eligibility requirements right now are fine the way they are. We have a system for food stamp sanctions. We would certainly support perhaps stronger penalties, because the penalty is only a small percentage of administration cost. We feel that we are doing a lot of work with the States and for the States. But we have to ensure that we get this overpayment error rate down.

Mr. **Smith**. And, quickly, what is the penalty to the States, withholding of some of their money?

Mr. **Leard**. You withhold a percentage of their administrative costs, depending on how far above the target error rate level their error rate is.

Mr. **Smith**. I would like for you to give me that privately, the penalty section in that.

Mr. **Leard**. Yes, sir. We would be glad to.

Mr. **Smith**. Thank you.

Mr. **Panetta**. I have to go to the conference on Gramm-Rudman, so I have to leave. Let me just make a couple of comments.

The question of what the amendment on the floor did is a question, I think, in dispute. I think there are two sides to that. We will leave it at that.

I think one thing that is clear is that the Senate bill is a cut in terms of the program. I think that is where the battle is going to have to be fought.

Second, I just would make this comment. I don't know of anybody that I have talked to that doesn't agree that we have a growing hunger problem in this country. I guess then it kind of breaks down into two schools: Those that think that existing programs are adequate to deal with the hunger problem, and those that don't. It seems to me that, by the very fact—and I have heard this argument before, that these programs are increasing in terms of numbers—is an indication of a real problem. Just because we had increasing use of programs during the depression doesn't tell you there isn't a problem; there is a problem. The fact that there is increased usage of these programs tells us there's a problem. That alone tells us there's a problem.

The next question is whether we are adequately meeting the need; 42 cents a meal is not a hell of a lot to give people in order to survive from day to day. So, for that reason I think, once we acknowledge that the problem exists, we have a responsibility to respond. Yes, you need volunteers. Yes, you need more efficient administration. Yes, you need others to get involved. But you also need adequate benefits provided to people. That is a basic here. And that, I think, is where a lot of us are coming from—that we can't keep talking about this problem and somehow do nothing.

For that reason, I hope that during the course of this hearing—I urge the members of the USDA to please sit around and listen to some of the testimony that is coming. Those of us that have gone into soup kitchens and gone into food pantries and talked to the people involved, there isn't anybody that says they are getting adequate benefits at this time. And that is a message I hope all of us can get.

Mr. Perkins.

Mr. **Perkins**. I would like to get into a few little things in terms of some figures I have been looking at. First of all, I would like to ask you what do you consider the number of children that are living in poverty out there, what figures does the USDA have as to the numbers that are not being served presently by any programs?

Mr. **Leard**. We don't have a number that says what aren't being served. We know what number of children are being served by our programs.

Mr. **Perkins**. Let me be more specific. You don't have any in terms of the poverty population that exists versus the number of programs and who is receiving benefits?

Mr. **Leard**. I know the number of people that are considered to be in poverty, and I know the number of people in our program. I would be glad to try and provide that for you.

Mr. **Perkins**. Let me ask you something, and more specifically in terms of something like some of these programs. Referring to the Women, Infants and Children Program, for example, in Kentucky I notice we have about 62,000 people that are on it, with potentially eligible of 161,000. In Tennessee I notice we have 61,000 that are participating out of 146,000 that are eligible for it. In Virginia we've got 69,000 people who are participating in it out of 155,000 people who are eligible for it. In West Virginia we've got 28,000 people participating in it out of 95,494 that are eligible for it.

Approximately one-third of the people that are eligible, only one-third of the people that are eligible for the program are actually getting it.

You're shaking your head.

Mr. **Leard**. Yes, sir, because you're failing to take something else into account. You're taking—those children, they are not necessarily eligible because there is a nutritional eligibility that must be ascertained. So, we don't know that all those people—I am quite certain that not all those children are nutritionally eligible for this program. You cannot equate being at or below poverty to being nutritionally eligible for this.

Mr. **Perkins**. I've got a little list here I was just looking at. It's about 58 counties there. Kentucky has quite a few, but out of these 58 counties in the Appalachian region, 14 of them are from my Congressional district, that have 25 percent or more of poverty. Four of them, of the 18, have one third more poverty than the whole population in my ongressional district. I know what I am talking about. I live there. I have seen it. I know what people have to put up with and what they eat and what they don't eat.

What happens to these children, what happens to these people is that they go in there, they have enough food to live for the first 2 or 3 weeks of the month, because nobody lives on 42 or 45 cents. And these programs don't touch enough people to cover everybody. What they do for the rest of the month is they starve, they get some money off of their neighbors, or they get some food off the neighbors, the church will help them out. Basically, they try to survive. These programs are not going out there. They are not affecting this class of people.

You see today, I guess, their figures are 22 percent of the children today are living in poverty across this country. Sure, I agree perfectly with the gentleman over there, that we have seen the money increase from $13 billion to $19 billion. But we've got one heck of a problem. We are seeing an increasing problem.

Don't you feel that we have got to take some sort of concrete steps? The administration has got to realize that there has to be some sort of concrete steps taken that we will increase the participation of those who are eligible for the programs out there?

How can you say it's efficient?

Mr. **Leard**. We have a number of programs for the children. We think they are quite sufficient.

Mr. **Perkins**. Have you gone out there and seen with your own eyes?

Mr. **Leard**. Yes, I have, sir.

Mr. **Perkins**. Have you seen them in West Virginia?

Mr. **Leard**. I have been in West Virginia. I just got through saying I was in McDowell County. I went all through that county.

Mr. **Perkins**. I want you to sit around, and I want you to listen some. I think maybe you have some people that will listen.

You know, it's so great in government. You know, you come around; you sit here; You talk about the deficit; You talk about a lot of these other things; but, you know, we are talking about things where people eat or they don't. And we're talking about things where they get adequate nutritional value or they don't.

I realize, sir, it's not your fault that these people are not getting all the adequate nutritional value. But perhaps it is a sense of frustration on my part that it seems that a large part of this country wants to turn its back today on what is going on in a lot of the poor areas of this country because these people seem to think that in a lot of cases it's their fault. If they were good for something, then they wouldn't be in this mess and so take it upon themselves, let's forget about it.

You know, after looking at some of these disabled people, some of these elderly people, some of these children, little babies, that kind of changes your opinion of some of this. And it's going on and America is turning its back on it. I think that is one of the travesties that we are seeing today. I think that what we are talking about, if we are going to see any more of these cuts, is an increase in that situation, which is something you're not going to find Chris Perkins looking for.

I don't believe I have anything else.

Chairman **Leland**. The time of the gentleman has expired.

Mr. Leard, we want to thank you for your participation.

Let me just say, as chairman of the Select Committee on Hunger, I will certainly be calling on you in the future. We have some other questions for you and would like very much for you to respond.

We would like to work with you. The problem, however, and the frustration you are hearing today is from those of us who are seeing the rampant poverty increasing in this country. The effect of that poverty is devastating. The fact of the matter is we know that whatever is being done is not enough. Whether it is initiated in USDA or in Health and Human Services. By the way, to what extent does USDA work with Health and Human Services on public assistance programs?

Mr. **Leard**. I work very closely with the Office of Family Assistance and with the Agency on the Aging. We work very closely together.

One of our big things we are trying to do right now is to make the regulations for food stamps and AFDC parallel so that the States won't have the problems of having to interpret two different programs, where we can, in different ways. So, we work very closely together.

Chairman **Leland**. Have you looked at the malnutrition statistics that they have at Health and Human Services?

Mr. **Leard**. I have not looked at them in great detail, no, I have not.

Chairman **Leland**. I probably should not have asked the question in that manner, because actually there are no statistics on malnutrition in this country. One of the hearings that we held earlier this year in conjunction with the Health and Environment Subcommittee of the Energy and Commerce Committee investigated the need for an effective data on malnutrition in this country. I think what Mr. Perkins' reference was to the fact that when we start looking at the conditions of the children we need to know whether they are receiving benefits or not. In poverty stricken areas of this country, we find that malnutrition is a very serious problem.

The ramifications are that we are rearing children who grow up past the infant mortality threshold but still suffer from severe problems. They reach 1, 2, 3, 4, 5, 6, 7 years of age, and they become dependent upon the State because they have suffered from mental or physical afflictions. The result is that America suffers. It is not necessarily in terms of our budget or our taxpayers' pockets. The fact of the matter is that we suffer from great missed opportunities for experiencing the kind of contributions that healthy youngsters could bring us. Children provide the greatest contribution we can receive in terms of our national security, I might add.

The frustration you hear today is based on the existence of this problem. I grew up in the fifth ward of Houston, TX, a poverty-stricken community in an affluent, fast-growing city in the Sun Belt. Having grown up in that community, I have a certain empathetic respect. Mr. Perkins has to go back home all the time. He doesn't just conduct surveys or in and out scant reviews of what is going on in his district. He has to live amidst the problems there.

We are very frustrated. We are frustrated because reaching out and spending $200 billion on defense. Yet, we are cutting the programs that we feel are already inadequate. For these reasons, we are today addressing very serious problems.

I hope you understand the spirit in which we confront you. Maybe that's a bad term, too. But we want to depend on you to do what is needed. We don't think that USDA is doing enough because the Federal Government, the Congress itself, is not doing enough to provide money for necessary food programs. I think it is absolutely ridiculous for us to disallow you to have outreach services in the Food Stamp Program. We know that there are starving people out there. There are hungry children. There are hungry senior citizens out there who helped to shape and build this country.

Share with us our frustration. We hope that you will stay for a while. I know that you are a very busy person, but we have other panelists who have first-hand experience of this suffering that we are talking about. We believe you should hear their testimony.

Thank you.

Mr. LEARD. Thank you very much.

Chairman LELAND. The next panel includes Ms. Letta Casey from Roses Creek Hollow, TN, and Ms. Terri Vautrin from Dungannon, VA.

The Chair would like to welcome these panelists. I have introduced you already. Why don't you repeat your names for the purpose of the recorder so he will know who it is that is speaking.

STATEMENT OF LETTA CASEY, ROSES CREEK HOLLOW, TN, ACCOMPANIED BY HENRY LEE CASEY AND J.J. CASEY

Ms. CASEY. I am Letta Casey. I am from Roses Creek, TN. I am the mother of five children which are living. Two are at home now. The older ones have moved.

I grew up in that area. I left when I got grown, like a lot of people did then, looking for something better, because we have worked so hard over the years as I was growing up. We worked like from daylight to dark. We got up at 3 o'clock in the morning. I moved to the city and I tried it. It got—well, I guess I should say I got really down with it. So, I went back to what I was raised up to. And that I am proud of, because we were raised to survive, raised to grow our gardens and things like that.

Where we live now, we own the place. It is 1 acre, a hillside, which you can't tend. But we do have land on our local community land trust. We tend that. And I draw food stamps, which is $153 a month. Now, $153 a month, there's no way that you can feed a family of three, of course. So, we raise, I would say, 75 percent of what we eat.

I consider my children and myself lucky because we do have these things. But the people—what I would like to get across is, people that draw only food stamps and have no other income and live in these rural areas, they have no transportation many times. Then they have to trade like in a rural grocery. All right, the rural grocery man, he has problems, too, because the wholesaler, the things that he gets from the wholesaler cost him as much as it would cost us to go into town and buy at a large supermarket. And these people that draw only food stamps and then they have to pay so much more because they can't get into town. They have to buy in these rural areas. There is no way that their food stamps, even if that is the only income they have, that they can buy enough groceries through a month. I have seen this.

I have seen the children and one little girl—I wish I had talked to her mother before I left. I didn't get a chance to. She was 3 years of age. She had a stroke. When they finally diagnosed what had happened to her, it was from a vitamin deficiency. This is a problem, I am sure, that is all over and certainly in Appalachia.

Appalachian women and men, there are no jobs for them. What jobs there is in the area where I come from are all from nonprofit organizations. In fact, right in our community, only two men work at jobs that are not of nonprofit organization jobs. We need more jobs, yes. But until we can provide more jobs for our people, they are going to have to have some other means of feeding their families, be it food stamps or whatever. There has to be something somewhere because there is no way that they can feed their children a proper diet so that they can grow up with sound bodies and minds.

We know that the body or the brain, it cannot develop without being properly fed. That's like if we don't go to school, we don't learn. It's the same thing. It has to be fed that knowledge. Well, their bodies and the brain has to be fed, too.

I brought my boys with me. I would like to introduce them. This is Henry Lee. He is 13. J.J. is 9. They go to school. This past August and September was a bad time for us because what income I had had at that time, which was from another previous marriage, and I drew Social Security for my daughter, and she is no longer with me. So, that was cut out. For those 2 months, all we had was $153 in food stamps for both months. So, when I say people can't make it that only draw food stamps, I know from experience there's no way. We got down to potato soup and bread. Well, we had our garden stuff, you know. What I am saying, if we had not had the garden stuff, we would have actually starved. It would not just have been the point of hunger. It would have been starvation.

I am sure that many people go through this in rural areas. They have to. I would say most of them probably go to friends or family or something, many times, in order to eat.

When school started, I guess I was one of the happiest people in the world because I knew the boys were going to eat a little more than what I was. It really gave me a lot of pleasure.

And the WIC Program, that's one of the greatest things in the world. But I can't see a mother, even though she is pregnant and she knows that she needs milk, cheese and eggs, or whatever, cereal. But can you see this mother sitting down to eat this stuff when her other children are sitting around and they only have maybe potatoes, beans, and bread or something? And they say, mom, can I have a glass of milk? Can you see that mother saying no? I can't.

I think I am speaking for all the women of Appalachia when I say that we must stop hunger in America some way. Rural areas, I think, are in worse shape in some ways than in cities. In the city at least you can walk to the store. I live a mile or more from my nearest neighbor. We don't have electric. We don't have water. I don't have bills that way, so that's another reason I think I am lucky with my family.

I would like to see jobs more than anything, because we are proud people. We don't want charity.

I would like to thank you all.

[The prepared statement of Letta Casey appears at the conclusion of the hearing, see p. 74.]

Chairman **Leland**. Thank you very much.

STATEMENT OF TERI VAUTRIN, EDUCATION COORDINATOR, DUNGANNON DEVELOPMENT COMMISSION

Ms. **Vautrin**. My name is Teri Vautrin. I am education coordinator for the Dungannon Development Commission in rural southwest Virginia. I am a wife and the mother of two daughters. I am also a full-time student at Mountain Empire Community College. A recent conservation regarding my testimony today questioned if I had ever experienced personal hunger. I grew up in a coal mining town in the Appalachian mountains of Virginia. Mommy had 11 babies, and daddy had a company credit card. We survived on soup, beans, and cornbread during the week and chicken on sundayS. When the mines would go on strike, sometimes daddy would go and line up with everybody else and get the Government food. He didn't like it. He wanted to make his own way for his family. There is a strength that you get from growing up in Appalachia. Of all the things that my mommy and daddy gave their babies, it was that anybody in America can succeed with hard work and determination, that anybody could get an education. I always believed in the justice of this land because my mommy and daddy did, and they taught us to.

As part of the migration out of the Appalachian mountains in the early 1970's, I too went north looking for some answers. Ten years later, in the midst of the recession, which we call the depression, my husband and I brought our family back to the mountains. Unemployment seemed to stretch further down home and you could always grow a little garden to supplement the table. And this was where family was as well as the consistency of the mountains. No matter how the economy lurched or how depressing the outlook could be, the mountains have held for many of us hope in the continuation of life. We came home and I was still looking for answers.

I became involved with the Dungannon Development Commission in the fall of 1982. A neighbor suggested that I take classes at the depot in Dungannon. I wasn't sure what the depot was, but she insisted there was a college in this little community with a population of 340 and that financial aid was available.

The depot, I discovered, was an old renovated train station that served as community center and where the Dungannon Development Commission had its offices. And there was indeed a college there. Through Mountain Empire Community College, the DDC works to offer a community based educational program that has become a model in the mountains.

The DDC is a grassroots, nonproft organization that works in housing, economic development, education, and crisis. Our educational program at the depot has many facets to it. We have a literacy program that feeds into a developmental GED program, which feeds into a career study program like nursing and nursing assistant, which feeds into a 2-year college program. You can get an associate's in education and in business right there in Dungannon at the depot.

The DDC was formed on the basis that you can have no economic, personal or community development without education. We have had some successes. From an economics class, we had the Dungannon sewing co-op formed. That now employs 34 women. From an oral history class on our history around the region, the Dungannon Historical Society was formed. A slide and tape show was made so that our history wouldn't be lost on our children.

Part of the reason why we succeed at what we do is because we empower ourselves. Part of that empowerment is through our education.

Since 1979 we have had over 400 students at the depot; 97 percent of those have been women; 98 percent are on financial aid. This financial aid is in the form of Pell grants.

I was asked when somebody called me about my testimony today how I link poverty and hunger. I do it very easily. I can give you a real good example. When we receive financial aid in the form of Pell grants, we have to report that to our food stamp office. The only deduction that we are allowed is, as the regs state, that which is common to all students. That has been determined to be tuition only. We are not allowed deductions for books, and we can't eat our books. We are not allowed deductions for gas to get back and forth to school, or for babysitters, or anything else. Except for tuition, everything else is counted as income for our food stamp office. Therefore, we are unjustly forced to decide between going to school and getting off food stamps and feeding our babies. The decision to do this is made every single day.

In Dungannon and other rural communities, there are those who cannot make that decision, cannot decide to take the food out of the babies' mouths so that they can go to school.

My daddy said that anybody can get an education. What he didn't know and what he doesn't understand, what we don't understand, is why that education has to hurt. Education is not supposed to hurt. This is America. You're supposed to be able to get an education. You're supposed to be able to feed your baby.

I would like to cite some examples of how poverty links directly to hunger. In Dungannon the nearest good supermarket is 32 miles away round trip. And it's not 32 miles away with straight roads; it's 32 miles away with crooked mountain roads. In the mountains, our roads are different from up here. So, we are forced to go to the local stores. The prices are higher. They will allow you to run up a charge. I know families that run up $200 charge a month just to get by. Then when the food stamps come, they're gone. So, it's this vicious circle.

About cars and poor folks, we have this really neat history teacher down at the depot. He came up with this theory that all older cars have a homing device, and that for the last 6 months of their lives they head for Appalachia; and that's where they die. Poor folks can't afford the small cars that get the good gas. We get to buy the great big old cars that cost maybe $800 and get maybe 8 miles to the gallon. That's if you can afford that.

As far as answers go, do I have any? Appalachia has a history steeped in answers from various sources.

About 100 years ago, some folks came into the mountains, and they said, what you got there is gold. It's black gold and it's called coal. And what you need to do is sell us this coal and you all will get rich and we'll get rich, and that's the answer. Well, it came in, and they sure got rich and we didn't, and that wasn't the answer.

About 75 years ago, some more folks came in. They said: what you got now is brown and green gold, and that's your timber. What you need to do is sell us your timber and then we'll all get rich and that's the answer. They did horrible things to our mountains. They took the money and we're still there.

About 25 years ago, some more people came in and they said: what you need to know is how poor you are. So, what they did was they put us on TV so that everybody could share in the discovery of Appalachia. While not negating that there was some good done by the War on Poverty, that in itself was not the answer either.

Today we are not so naive as to believe that there is going to be one single answer or that it is going to be coming from the outside. What we want is the right to empower ourselves to begin to even ask the questions. We want to seek our own solutions. We want to do it ourselves. We are proud people. We aren't sitting down there waiting for handouts; we hate that. We got to look in our babies' eyes every single day. We want our children to grow up just as strong and proud as we are.

Don't cut our food stamps because we are trying to go to school and get an education. The increase in female heads of households in Appalachia demands that women be afforded the same opportunities for education as the men or anybody else. We can be trained for jobs, not just service jobs, but for real jobs that are going to pay us real money. Don't force us to decide between the food in our babies' mouths and the food that we seek for thought.

Legitimize grassroots organizations like the DDC. We are doing what Government should be doing. In the fall of 1984 the local sewing factory burned down. It had outside ownership. This threw about 100 women, mostly heads of households, out of work. So, they came to the development commission and said, can we do something about this? So, the DDC said, yes, let's work on it. So, what we came up with is this idea of a community-owned sewing factory. This would put the women back to work. But it seems that, for every step we take forward, we get knocked back three.

It would be easy for Government to come down and say, OK, this is a group trying to work on economics, unemployment. Let's relax some of the rules and regulations so that they can use an alternate sewer system, and let's get this factory up.

Most importantly, let us be real to you. I know there are some of those who cannot relate the hunger in Appalachia to the hunger that we see in Africa. Please don't negate the poverty of my brothers and sisters in Appalachia. The cry of any child because of hunger hurts every mommy, I don't care where you live.

The present administration has been playing this game with us for the past 3 or 4 years. This game is, how do you define poverty? It's kind of like that commercial on TV: How do you spell relief? The rules are made up every single day. I will tell you how we define poverty: unnecessary and dehumanizing.

I want my children to grow up in Appalachia believing in the justice of this land. I would like to read to you a poem that I wrote, maybe to help you understand. It's called, "When You're Poor in Appalachia":

> When you're poor in Appalachia, you wait by the mail box in the mornings, around the 1st of the month, and you hope that the social worker got to your papers a day early; but she didn't. When you're poor in Appalachia and you're a woman, you don't worry too much. You've got last night's leftover beans. And when the kids complain, you make up stories about the cake they'll bake tomorrow with you when the food stamps do come. And you tell yourself that somehow this month you'll be able to save back enough food stamps to buy milk for the rest of the month. But you really know there won't be enough for that.
>
> And after the mailman makes his run, you get up from the porch and go inside and begin your day, and are grateful for tomorrow.

I want to thank you you all for listening to me today. I'll thank you in advance for hearing us.

On behalf of all the women in Appalachia and the women down at the depot, please don't forget what took place here today. Allow us to have our tomorrows and to make them ourselves.

Thank you.

Chairman **Leland**. Thank you very much for your compelling testimony, both of you.

Let me ask, Ms. Casey, what do you typically have available for supper? What do you eat in the evening?

Ms. **Casey**. Always potatoes, for one thing.

Chairman **Leland**. Always potatoes.

Ms. **Casey**. Always potatoes. We grow plenty of them, so we don't run out of those. No matter how rough things get in the winter when other things run out, there's always potatoes.

In the summer, we have in the evenings we always have like lettuce, tomatoes, beans, corn, all kinds of vegetables. And if it's the first of the month, you know, the first 3 weeks of the month even, like I'd say three times a week we will have like hamburger or something that way, some kind of meat.

Chairman **Leland**. What about your boys? Are they pretty satisfied with what they're eating every day? Let me ask them. What are their names again? That's J.J. and Henry.

J.J., tell us what you eat every day and if what you eat at home is satisfactory to you. Do you think you get enough food to eat every day?

Mr. J.J. **Casey**. Yes.

Chairman **Leland**. Do you feel like telling us about what you eat? You don't? Let's ask Henry then. Henry, how about you?

Mr. **Henry Casey**. Well, I don't know how to say this really.

Chairman **Leland**. Take your time and don't worry.

Mr. **Henry Casey**. I usually eat potatoes and bread.

Chairman **Leland**. Do you drink a lot of milk? How often do you drink milk?

Mr. **Henry Casey**. About once a week.

Chairman **Leland**. Once a week. How many glasses do you have when you drink that milk once a week?

Mr. **Henry Casey**. Sometimes about two.

Chairman **Leland**. Two glasses maybe once a week. What else do you eat?

Come on, we're your friends up here. Don't worry.

Henry, let me ask you this then. You have friends, don't you?

Well, that's all right. We won't press him to talk much more.

Ms. Casey, they have friends, don't they, where you live? They get a chance to play with a lot of their friends?

Ms. **Casey**. No.

Chairman **Leland**. They don't? So, they don't get a chance to. At school, though, they get a chance to exchange conversations about what's going on in the community, and that kind of thing?

Ms. **Casey**. Yes, but not at home.

Chairman **Leland**. Do they have a chance to exchange ideas about what they eat or what they don't get to eat, and that kind of thing, particularly when they get food at school?

Ms. **Casey**. Pardon?

Chairman **Leland**. What I am trying to get to is, do they get a chance to interact with other children? Do they talk at all about the food that other children might get that they don't get?

Ms. **Casey**. When they come in from school, if some of their friends have mentioned having like steak or sloppy joes or hamburgers, cheeseburgers, or something like that, and they have mentioned it during the day, the boys usually will mention it when they get home.

Chairman **Leland**. You said before that you were happy that school started because they could get a chance to eat. Could you just expound on that a little bit? Can you tell us a little bit more about that?

Ms. **Casey**. Well——

Chairman **Leland**. Do you really think that——

Ms. **Casey**. All we had at the time was just vegetables, you know, and most of those were what we grow, the last week of August, which is when school starts. And, yes, I was very happy, because then I knew they would get milk with their breakfast, and they would have meats like at lunchtime.

Chairman **Leland**. Have you or your family ever experienced or have you currently experienced any health problems related to how much food you have available to eat?

Ms. **Casey**. Well, if you would consider losing a baby and it dying, yes.

Chairman **Leland**. Back up again please. Will you repeat that?

Ms. **Casey**. If you would consider miscarriage of a baby and its death, yes.

Chairman **Leland**. How many children have you lost that way?

Ms. **Casey**. Well, the first baby I lost, I don't know whether it was related to food or not. It probably was to a certain extent. But the second one I am sure about.

Chairman **Leland**. How often do your kids go to see doctors?

Ms. **Casey**. When they get sick or when Henry has to have a checkup because he has a heart problem.

Chairman **Leland**. Henry does have a heart problem?

Ms. **Casey**. Yes, sir.

Chairman **Leland**. Has the doctor put Henry on a special diet at all?

Ms. **Casey**. Well, I think they would like for him not to have very many sweets, which he doesn't get, of course. And I do cut down on salt. Other than that, they tell me a balanced diet.

Chairman **Leland**. Has the doctor given you a diet for Henry to say that these are the foods that he needs to eat to strengthen himself or to make himself better——

Ms. **Casey**. They tell me that he needs a real good balanced diet. I mean, they don't go any further than that, you know. But they do stress that he needs a balanced diet.

Chairman **Leland**. Do you believe that he is getting a balanced diet?

Ms. **Casey**. No.

Chairman **Leland**. What about J.J.? Is he pretty healthy?

Ms. **Casey**. Yes.

Chairman **Leland**. Do they get health checkups at least once a year?

Ms. **Casey**. No, not just to take them in for a physical or anything like that.

Chairman **Leland**. What about you? Do you get annual checkups?

Ms. **Casey**. No, sir.

Chairman **Leland**. If I might ask, this is somewhat of a personal question, but we are talking about the problems related to hunger and malnutrition and that kind of thing. Let me ask you, when was the last time you had a checkup?

Ms. **Casey**. To just go in for a physical, or that I had to go to the doctor?

Chairman **Leland**. No, not to have to go to the doctor, just to go in for a physical.

Ms. **Casey**. I have no idea.

Chairman **Leland**. It has been a long time?

Ms. **Casey**. Yes.

Chairman **Leland**. Two years, 3 years, 4 years?

Ms. **Casey**. Probably 3 or 4 years.

Chairman **Leland**. And you only go to the doctor usually when you get sick?

Ms. **Casey**. Right.

Chairman **Leland**. Thank you very much.

Ms. Vautrin, what types of emergency food services are available in your community to help you when you have exhausted your food supply at home?

Ms. **Vautrin**. In the first place, we don't get food stamps now because my husband and I both get financial aid. So, we got double cut. So, we don't get them.

The Development Commission has a crisis fund that is funded through United Way. It is gone within a week that we get a check. People just—especially the last week of the month, we only allow a $40 food order. The money just gets gone immediately.

Chairman **Leland**. You said your husband and you, you are now getting too much aid to qualify for food stamps.

Ms. **Vautrin**. Yes, sir, because we're both going to school.

Chairman **Leland**. Both of you are in school?

Ms. **Vautrin**. Yes, sir.

Chairman **Leland**. You are working at a community private volunteer organization?

Ms. **Vautrin**. Right.

Chairman **Leland**. And you make money doing that?

Ms. **Vautrin**. Yes. I just got full time for the first time we've been working there for 3 years. We were working full time but getting paid half time. We just got on full time the first of September.

Chairman **Leland**. Is your husband working, too?

Ms. **Vautrin**. No, sir.

Chairman **Leland**. So, both of you are in school, but you are the only one working in the home?

Ms. **Vautrin**. Yes, sir.

Chairman **Leland**. What is your monthly income, including your aid?

Ms. **Vautrin**. Including my aid? That's real hard to decide. Pell was increased this year. We get, I think it's $1,350 a year for Pell. So, that would be $2,700 from that. And until the end of December, I will be making $200 a week. And then my job is gone, too.

Chairman **Leland**. Your job is gone?

Ms. **Vautrin**. Yes, sir.

Chairman **Leland**. You mean after December you won't have a job then.

Ms. **Vautrin**. No, sir. Grassroots organization work on getting funding from foundations and the money just ran out.

Chairman **Leland**. Do you anticipate them getting another grant?

Ms. **Vautrin**. We're working on it every single day. We are hoping so.

Chairman **Leland**. What types of self-help programs would you suggest for improving the employability of women? How should Federal support be tied in to these programs? You seem to be pretty aware and have a great understanding of the interrelationships between Government and its workings in the community and what should be done. Can you just give us an overview of those interrelationships and how you would respond?

Ms. **Vautrin**. First of all, I think it would be nice if we were allowed to decide what kind of employment training that we wanted. Right now, the push is for service jobs. There is not much training that a woman has to have for that. It's always true that poverty has stayed on the backs of women because we're going to go out there and do those service jobs when the man won't. I mean, we've got to bring food to the family and feed our babies.

We would like just employment. Computers are really big. We need some computer classes down at the depot to get our women trained in computers, that kind of training. How the Government can help us with that? I think they could fund a nice grassroots organization and try to get women employed.

Chairman **Leland**. My time has expired. I yield to the gentleman from Oregon, Mr. Smith.

Mr. **Smith**. Thank you, Mr. Chairman. I have no questions.

Chairman **Leland**. Mr. Perkins.

Mr. **Perkins**. I don't believe I need to hear any more today.

Chairman **Leland**. I have a few other questions that I would like to ask if I may.

Ms. Casey, garden projects sound like very efficient, cost-saving community self-help initiatives. What has prevented the establishment of more projects like this in your community with people like yourself?

Ms. **Casey**. Large companies own about 75 or 80 percent, I suppose, of the land in our county. We have the community land trust, but they don't have very much land either. You can't buy from these large companies. So, our community land trust is the only thing we have that way. The few people that do own enough to have a garden, which they do work real good, you know, but you can't raise a garden if you don't have the ground.

Chairman **Leland**. You are now being trained at the local child care center?

Ms. **Casey**. I was in training.

Chairman **Leland**. You are not in training now?

Ms. **Casey**. I have been sick. As a matter of fact, my doctors told me not to come up here even.

Chairman **Leland**. You have had to go to a doctor recently?

Ms. **Casey**. Yes, sir.

Chairman **Leland**. Is the problem related to the problems that we have been talking about today at all?

Ms. **Casey**. I don't know how to answer that. They think I might have cancer, I think.

Chairman **Leland**. Well, we certainly appreciate the bravery of your coming here against your doctor's orders. Had you asked me, I would have told you not to come, to follow your doctor's advice. But we certainly appreciate your coming here today.

Ms. Vautrin, is Mrs. Casey's experience something rather typical and average in the region, the Appalachian region, that you have experienced also?

Ms. **Vautrin**. Yes, it is.

I hope that you don't just look at Letta and see how bad she's got it, but you see how strong she is and how strong her kids are, because that's extremely typical of women in Appalachia. Don't just weap about the bad things. How about helping us celebrate the good things, too?

Chairman **Leland**. I certainly appreciate that. Let me say to you that, with the many hearings that we have had and the people who I have talked to, we found that to be the case with a lot of people who live in poverty. We find that the image is that people want to live on the public dole. This is the perception of many people who pay taxes and, rightfully so, they have the right, of course, to be critical—to be analytical—about the circumstances surrounding the people they are helping, the people who are receiving public assistance benefits. They have a right to be critical. But more often than not, we find that the perception is that poor people don't necessarily want to work, that they want to exist on food stamps and so-called welfare programs all their lives.

I have found the case to be that most of the people really do want to work. I heard Ms. Casey say that she really wants to work. She wants to do things. I heard you say the same thing.

It's a shame that in this country we are realizing that we can do so much with television and so much with the media, yet we have not been able to destroy that myth. I think it's a myth.

Mr. **Perkins**. Mr. Chairman, if I may just for 1 second, I want to associate myself with some of the comments that you make. You know, I think she was talking, when she said she had two people in her community that had a job that didn't have some other private, nonprofit organization. She sounds like she lives in a community that is lucky to have those kinds of organizations. A lot of these communities don't.

You have to understand the setting a lot of times of these communities to understand. What I am talking about, historically they were almost isolated until the 1930's. We saw the first black-top road in my home county come in the 1930's. And it came a lot earlier than some other counties around. Some other counties didn't have it until the 1950s or even the 1960's. So, you are talking about an area a lot of times—we have got some good roads today. We have got several nice new roads that are really helping. The Appalachian Regional Commission did a great deal to help our area. But still we have this massive problem of unemployment. There just aren't jobs.

You have some people—let's be frank—some people are not going to work, don't want to work, and won't work. You have other people, and I think the majority of people, who want to work. They just want to have a job, or they just want to have a chance.

I think what we are doing, it seems like the Government a lot of times makes it more difficult. When she was talking earlier about wanting to go to school and you have to make a choice a lot of times. Your food stamps allocation goes down if you go to school. You know, that is the kind of choice for these people a lot of times.

What we need to do is encourage people in areas like education, which I believe in, encourage access to educational opportunities. Allow them to have some sorts of hope. Education, you know, traditionally in areas that are poor is the great savior that everyone looks to. Everyone realizes that is the way out, a lot of times. I think this is the case in the Appalachian region. But while that is going on, while you are attempting to build infrastructure, and while at the same time you are attempting to give educational opportunities, vocational training to a variety of people and, hopefully, stimulate new industry in the area, you still have that situation. You have people who either leave or they have nothing to do, even if they want to do something, even if they do odd jobs around the community, even if they attempt to find something by which their family can survive with their gardens or whatever.

A lot of people still raise gardens in eastern Kentucky and throughout the Appalachian region; don't ever get the idea they don't.

So, when you talk about that kind of situation, you are talking about, hey, these people are in need now. They are in hunger. And unless we address some of these basic problems that we have, it is going to continue.

I am not saying that the problem is declining. I am saying the problem today is increasing. Maybe the Federal Government does not have a responsibility to deal with this thing. That's something every individual in Congress and in the country has to make up for their own minds. But what I am saying is this situation is existing today. We are seeing increasing amounts of hunger, particularly among the young population. And we are not seeing any assistance despite increased Federal aid. We are not seeing any sort of real assistance that is going to the core of the problem. Maybe we can't get at that core. I don't know. But I do know that we are going in the wrong direction. We seem to have been going in the wrong direction for the last few years. So, we are seeing that increase.

We need to get jobs. When you said that, you put your finger on it. We need jobs. We need jobs in eastern Kentucky. We need jobs in the Appalachian region. But how do we get those jobs? You know, ARC, EDA, all those things are helpful to us. But what we need in this sense we are just talking about the safety net. There is no net. We're trying to establish one. We're talking about letting people eat and have a decent life, not something where they can go out and take their children to McDonald's twice a week. We're not asking for that. You can find McDonald's in some places.

What we are asking for is just to let these children that are growing up a lot of times to have the opportunity to have a decent meal, to eat so that they are capable of producing and having a good education and go on and do something with their lives. Ultimately I think that's what everybody is here today, just to get people a chance. It's an opportunity. While they're having that opportunity, let's take care of the people.

It's a decision. Do we want to do that in society or not?

Ms. VAUTRIN. Mr. Perkins, could I just say something? You get your food stamps cut when you are going to school if you're lucky. To be declared an eligible student, you have to be working 20 hours in a college work study program, working——

Mr. PERKINS. And a lot of people get it cut off altogether——

Ms. VAUTRIN. Right.

Mr. PERKINS [continuing]. And are no longer eligible for food stamps.

Ms. VAUTRIN. It's the women who are 35 and older who don't have the young kids to take care of.

Mr. PERKINS. Over and over again I have had people call me with that very same situation. Women who are divorced, single women, whatever the situation, ultimately it seems like that that familial unit is going to suffer and has suffered and is continuing to suffer. It's a real problem.

Ms. VAUTRIN. Yes, it is.

I would like to say that Mr. Leard has never been down to my part of the country, but I would sure like to invite him to come.

Chairman LELAND. Yes, ma'am. I am sure he would welcome the invitation.

Ms. VAUTRIN. We'll cook for him.

Chairman **Leland**. Let me just finalize this panel of witnesses and say to you both that a couple of weeks ago, as a matter of fact, I was asked to do a live feed back to my district. All of the members of the Houston delegation in Congress were asked to participate. One television station in Houston was doing a job fair. What they do is, go out for a few weeks or a month or so in advance. They will go and appeal to employers, people who have different kinds of businesses, and ask if they will participate in that job fair. Those who are interested, come to that station that day and recruit people to work for them. Houston is a relatively affluent city, but it harbors several pockets of poverty. You know, this whole discussion about people not wanting to work really bothers me. They had 4,000 jobs available through the job fair. The fire marshal had to stop people from coming to the television station because there was a problem with overcrowding. There were traffic jams and that kind of thing. Fourteen thousand people showed up for 4,000 jobs that day.

I just wanted to use that example, to expand the campaign to destroy the myth that people don't want to work. In this country today there are 35 million people, that's about 14.7 percent of the population, who are classified as poor. Something has to be done.

I thank all four of you for coming before us today. Thank you very much.

We now have a video presentation. This is news coverage on conditions in Breathitt County, KENTUCKY and Campbell County, TN.

Mr. Bill Williams from WBIR Knoxville.

Welcome.

STATEMENT OF BILL WILLIAMS, WBIR-TV, KNOXVILLE, TN, ACCOMPANIED BY NANCY COLE, BARWICK COMMUNITY GARDEN PROJECT

Mr. **Williams**. Thank you, Mr. Chairman. My name is Bill Williams of WBIR-TV in Knoxville. I am an anchor and reporter there.

As you have already seen, there are a lot of stories in the mountains about hunger and poverty and a lot of stories about people trying to do something about it. I have done many stories in the past couple of years. I have condensed them into sort of a synopsis that I would like you to see for the next very few minutes.

Chairman **Leland**. Very good.

[Video presentation.]

Mr. **Williams**. Mr. Chairman, if I may, the Breath is Hope lady is here. I would like to introduce you to Nancy Cole from Barwick community, KY. Nancy, would you stand up? She has formed an organization and helped people to have their own gardens and has made life better there.

Tilda Kemplin was here. Is Tilda still here? She had to leave. Tilda Kemplin is the one with the Mountain Communities Child Care and Development Center. She has made a tremendous difference in a lot of young lives particularly, and older people's lives as well.

Chairman **Leland**. We want to thank you for coming. We really appreciate it. Would you like to come and sit next to Bill while he testifies?

In court they would call you a surprise witness. Do you want to tell us a little bit about what Bill has done to try to inspire you? Expand a little bit on what you were saying on television.

Ms. **Cole**. As long as there's breath there's hope?

Chairman **Leland**. Yes, ma'am.

Ms. **Cole**. Well, I am from a community of Barwick, KY, which there is no jobs. When I began to work with people, they had no bootstraps to pull up. We had to create bootstraps. So, we worked with these people by organizing them to raise a garden to help to feed their families. We had a VISTA worker there that I would send out in the field to work with these people. In the afternoon, he was sitting around my fireplace, and he looked over at me, and he said: are these people worth saving?

I said: Is that the way you feel about the people in Barwick? He said: Yes. I said: Well, you can leave in the morning; you can stay all night, but leave in the morning.

So, I am very proud of what we have accomplished in Barwick, KY, in the line of hunger.

Chairman **Leland**. Very good. Thank you very much.

Bill, did you have anything further you would like to say?

Mr. **Williams**. I would second many of the things that have been said here already. Many of the people I talked with—well, all of the people are proud people. Most of them have told me, yes, they would like to work. Yes, they don't like to take food stamps. Yes, the food stamps do run out after the third week. But they are proud people. They want something else.

Chairman **Leland**. They want to work.

Mr. **Williams**. Yes.

Chairman **Leland**. They want to make their own way.

Ms. **Cole**. They want a job.

Chairman **Leland**. Very good.

By the way, give me your name again.

Ms. **Cole**. My name is Nancy Cole.

Chairman **Leland**. Ms. Cole, let me tell you that there was a black comedian once in the sixties who turned his comedic talents to politics. You know, everybody was talking about black people, but we can use the term generically and say poor people. All the liberals were saying, well, we want to help black people pull themselves up by their bootstraps. And he said, well, how can we pull ourselves up by our bootstraps when we don't have any boots?

What we're saying applies today in Appalachia and in other areas, not just among black people but among poor people. What we are trying to say is that what we need to do is not help poor people pull themselves up by their bootstraps but teach them how to make boots. They'll make some for themselves and sell everybody else some, too. Is that right?

Ms. **Cole**. The bootstraps that you create is the alternative that they have for life.

Chairman **Leland**. Absolutely.

Ms. **Cole**. And if we can create that bootstrap, if they can work to help themselves, by offering them a tool that they can work with, then it's time we were putting that tool out there to work with.

Chairman LELAND. Wise words were never spoken so eloquently. Thank you very much. Both of you, thank you very much.

Next we have Dr. Richard Couto, director of the Center for Health Services, Vanderbilt University, Nashville, TN; and Dr. Jesse Walker, physician, Campbell County, TN.

STATEMENT OF RICHARD A. COUTO, DIRECTOR, CENTER FOR HEALTH SERVICES, VANDERBILT UNIVERSITY, NASHVILLE, TN

Mr. COUTO. Thank you very much for giving me the opportunity to testify before the committee.

I would like to point out that we have two related problems in relationship to hunger. One is a problem of hunger, and one is a problem with hunger. We not only have a problem in that there are many hungry people, but we have a problem in recognizing that fact. It is not the first such problem like this. Previously, we had difficulty recognizing there were poor people in this country. Presently we have difficulty in recognizing that there are homeless people in this country.

I think our problem with dealing with problems like this is that we prefer to look at our wealth, our affluence. We tend to define problems in terms of the large amounts of money that we are spending on those problems rather than the effectiveness of that money or the dimension of the problem.

Another related problem of hunger is that we don't have a very good definition of it. We have some problems in defining how many people are poor, how many people are hungry, and how we define hunger.

We did a survey two summers ago in four Appalachian communities, asking 60 women in each community aspects of family income as well as maternal and child health. All the women in our survey either had a child 2 or younger or were pregnant at the time. So, the focus of the survey was on maternal and infant health.

I would like to mention a couple of other things about the survey to provide context. We conducted the survey in four coal mining communities in the Appalachian region. This was 1983, when the country was celebrating an economic recovery. The recovery had not reached these communities at this time. In fact, we are still waiting for it in many communities in the Appalachian region. One of the communities had an unemployment rate of 95 percent at the time. And this is a community of new poor people, people who had been recently unemployed by the shutdown in the coal mining industry.

Other communities were more accustomed to proverty. The coal industry there had declined in the 1950's. So, the survey was a survey among people who were both new poor and people to whom poverty was more familiar.

Related to the history of those communities, too, we found that the new poverty was not forcing an outmigration because there wasn't economic opportunity for people to migrate to. In fact, people were coming back from cities to the area because they found it a little bit easier to get by.

Let me summarize the findings of our survey. First, we found that 12 percent of the women answering our survey who had poverty level incomes reported not having adequate food for their family often; 28 percent of these same women responded that they had inadequate food sometimes. In sum then, we had 40 percent of the women that we interviewed at or below income poverty reporting being without adequate food for their family sometimes or often.

I would offer this as at least a rough measure of the dimension of the problem of hunger in this country. That is, based on our survey, and certainly I think in the central Appalachian region and consistent with the testimony you have heard today, you could expect about 40 percent of the people at poverty or below poverty incomes reporting inadequate food at least sometimes. And that makes sense, because our definition of poverty is tied to nutrition and hunger. Contrary to what one of the earlier witnesses testified, that poverty does not necessarily translate into nutritional inadequacy, it does by definition. Poverty is set in terms of the emergency food plan of the USDA, which was a get-by measure. It was never designed to provide adequate nutrition.

The second summary point I would make is that hunger is a function of income and not family characteristics. You know, we have these euphemisms of the thrifty food plan, as if those people who get by on it are thrifty and those who don't are not thrifty. In fact, the characteristics of the poor are not the explanation of hunger. It's the characteristics of poverty that is the explanation of hunger.

We have working poor. We have female-headed households. We have two-parent households. Hunger is not selective among who it chooses. Unemployment and poverty recruits the hungry in this country. They are increasingly recruited from women and children. But the last thing in the world we should do is categorize another set of people for benefits. We need to recognize that the people who are hungry in this country are poor people and that poverty is afflicting the unemployed and others. It is not selective by race. It is not selective by gender. It is not selective by age. It affects everyone.

Hunger is also not only a function of poverty, but it is linked to other aspects of poverty as well. People who are poor do without resources. Among those resources is food. But also among those resources that they lack is transportation and adequate income. In our survey we found that people reporting inadequate income to meet their bills to have a significant correlation. People are not only doing without enough money for food, but they have to get by without enough money to meet their basic necessities, including transportation.

There is a very strong correlationship among the women that we interviewed between a lack of transportation and a lack of adequate food. This suggests that in administering programs we have to be sensitive to the fact that people have difficulty getting to the places where they are declared eligible. We have to administer programs in such a way as to make them accessible to people who do not have transportation, which means take them out of county seats and make them available.

In one extreme example, a county in southwestern Virginia was administering its WIC Program from 1 to 3 o'clock every third Tuesday of the month. Well, for people without transportation, it is very difficult to get to the eligibility clinic.

The third finding that we had is another linkage between hunger and other problems of the poor. We found that the women who reported inadequate food were also more likely to report no prenatal care, inadequate prenatal care, and that they did not breastfeed their children. And I am not exactly sure what the linkage is, but I think the linkage has something to do with the way that we have established programs and established categories of people who are eligible and ineligible. Consequently, there are a lot of people in need who are falling through the cracks.

We have been describing poverty in terms of a safety net, but I think over the past several years the decline in resources has meant that there is an increased threshold. People almost now have to aspire to poverty for their poverty to be recognized. We put a burden of worthy poor and, by inference, unworthy poor. So, there's not only a safety net but poverty is almost like a trampoline. It's something that you have to climb to. If you are successful in reaching it, you just get bounced around anyway.

The final point I would like to make is that we have to do something about the problem of hunger as well as the problem with hunger. We need to deal with these national problems because to ignore the hunger of some of our citizens because the many are satisfied is to really starve the sensitivity that distinguishes us human beings and the concern that distinguishes us as Americans. Without that sensitivity and concern, it is not our bodies that go hungry but our souls.

Thank you.

[The prepared statement of Richard Couto appears at the conclusion of the hearing, see p. 79.]

Chairman **Leland**. Amen.

Dr. Walker.

STATEMENT OF JESSE LEE WALKER, M.D., INDIAN MOUNTAIN CLINIC, JELLICO, TN, AND MEDICAL DIRECTOR, LAUREL FORK-CLEAR FORK HEALTH SERVICES, CLAIRFIELD, TN

Dr. **Walker**. I am supposed to talk about the medical aspect, but I need to start off by emphasizing the need for jobs. Whenever I speak anywhere, I always say, if we had 150 jobs in the Clear Fork Valley, that would solve a lot of our problems.

I have been serving in this area since 1958. In 1958, when I first came to the area, hunger was a little different from what it is today. People were more nearly like a lot of them that you see in Africa now. Today it is a little bit more of a subtle thing.

A lot has been said here this morning that I do want to emphasize. I would like to say that Mrs. Casey is probably one of our better examples, I would say. For every 1 of Mrs. Casey, we probably have 10 who can't do the job that she does because they don't have the know-how. I realize she is not well educated, but she is wisely educated and really does a fine job. But so many of our women just can't do this at all.

As time has gone on, my organization, a community organization, and when we started out it was just myself and some nurse practitioners. Now we have four doctors and five clinics. I ride the circuit each day. Each clinic is manned by a physician's assistant. Some of my opinions about things, I can tell you more of the details in the health related area, but from what I see, I think it goes for hunger also.

What is said in Washington and what is intended by you Congressmen just doesn't always come out that way when it gets down to us. The last time I was here to testify before a subcommittee it had to do with rural health and Medicare programs. The Clear Fork Clinic was the first clinic in the country to be certified under that program. It was also the first clinic in the country to withdraw from the program because we couldn't do what we wanted to under it. We were worse off under it than we were in it.

We got a second clinic into it and didn't stay but 2 months. We only have one of the five clinics now that participates in this program. It is because we can't do what Congress intended to do. With all due respect to the gentleman from the administration this morning, I would like to say, too, like others have, that we would be in terrible shape if it was not for the WIC Program and the Food Stamp Program. Nonetheless, if you go and talk just to the administrators and don't talk to some of the people like you have seen here this morning, you get an idea the program runs well.

I might just give an example there. Our clinics all were providing WIC services, including the issuing of vouchers. But when it first started, I couldn't believe how simple it was, the reports that we had to make. It got so complicated that it was requiring a full-time person just to do the administrative work. And we literally had to drop it because of the administrative work that was required. We didn't like to do it because we felt that we were the logical person to administer this type of program, knowing the people from a medical standpoint.

We did have difficulty sometimes with guidelines. Again, guidelines are necessary, but you have a patient that comes to you that you have been seeing regular, a pregnant lady or a small child. You know that they need nutritional help. Yet, when you go to look at the guidelines, it says they have got to have a hematocrite of 32 percent. Well, the girl comes back and tells me it's 34 percent or maybe even 33 percent. And I'll admit that occasionally I've written down 32 percent. So, sometimes guidelines encourage you to cheat, is what it amounts to.

Chairman **LELAND**. Dr. Walker, are you sure you want to say that?

Dr. **WALKER**. Yes, I do. It happens.

Then when they find out about it, you know, you get a threat from the administrator that says, we're going to take the WIC Program away from you. There's always that threat when you get money from the Federal Government. And we get money for our clinics. There's always that threat, if you don't do what we say, we're going to take the money away from you.

We don't back off and quit. We fight it. We don't always win, but we do fight it.

Back to the other testimony, I guess I was on my soap box then.

Chairman **Leland**. You can stay on your soap box, as far as I'm concerned.

Dr. **Walker**. OK. I guess what I am really saying there is, I am pleading for a little more simplicity in administering of these programs. One of the things that I testified to before was in billing. I suggested that they let us bill the agencies, just to send them a plain old bill to say: I saw Joe Jones today, and it was $12; and I did a urinalysis on him and it was $4. Let me just send you a piece of paper on our regular head that says that. But instead, we have to fill out a complicated paper. Then it goes to the administrator in Chatanooga. Somebody looks it over and says: aha, this looks like routine. It's an 87-year-old man that came in for blood pressure. So, along comes the investigator, and I don't know how much it costs. He looks at my chart and, sure enough, says: yep, the first thing Dr. Walker says is, this patient has no complaints today. He's 87 years old. He's on four medications. His blood pressure has been extremely high. He has been in heart failure and has been in the hospital several times. But they tell me he's here for a routine visit. Therefore, they won't pay it.

And I think this happens in the Food Stamp Program and WIC Program also.

Our patients do have more than the number that they should have of chronic disease such as arthritis, cardiovascular disease, and diabetes. This is definitely related to nutrition. Children such as you saw here this morning do not get adequate vitamins or adequate iron. We attempt to supplement them as much as possible, the ones that we do see. But even so, we find, in looking at our children that are born from our mothers, that we have more than our share of low birth weight children. Frequently this requires them to be kept in the hospital longer or even to go to intensive care programs that are very expensive.

Many times, as I look at things like this and I realize that where we pinch the penny over here, then in another program we have probably spent thousands of dollars to make up for the penny that we pinched in that particular area.

I, too, am seeing more of what I call the new poor. These are the youngsters that drop out of school for whatever reason it may be. And then they can't find a job. Then they get married. Then they start having babies. And they have inadequate income. These are our new poor and our new hungry people.

There is no question in my mind that all of these things are related to nutrition. For children I suppose the biggest thing is respiratory disease. We have many more cases of respiratory disease in children than I have seen in other areas of the country that I have been in. Once these people get sick from something like this, then the sickness itself further depletes them. You just add on to the problem.

I want to reiterate again that I believe in the Food Stamp Program. I believe in the WIC Program. I would like to see them administered somewhere a little bit more realistically. Crossing county lines, crossing State lines is a problem, too. We serve both Kentucky and Tennessee. We serve four different counties, two in Kentucky and two in Tennessee. To reiterate again what was said by Dr. Couto, in one of the counties, Claiborne County, to get to the county seat you have to cross a mountain where the road is in pretty bad shape. You go through a corner of Virginia. You go into Kentucky first, then into Virginia, and then finally to the county seat 45 or 50 miles away. And right down the road just 2 miles is Campbell County. In this case to get to the county seat you have got to go 35 miles. So, here are people that are neighbors within a few hundred yards of one another, and they have to go totally different ways to get their services.

We have had great difficulty in the medical field the same way, of getting immunization supplies to give to the children, for instance. We have got four counties to deal with in two different States. Sometimes we sort of bypass. And again this isn't cheating, because it's all coming from the same thing. But we may use some Kentucky vaccine to immunize a child from Tennessee sometimes, and things like this.

These are all administrative problems, but they certainly do contribute to the difficulty that we have.

I made a couple of notes when the gentleman from the Department of Agriculture was talking. I agree that we need volunteers. In our area the volunteers, when they go to work, they end up having so much redtape and so much frustration they don't want to do it. Every little thing contributes to that.

Also, he made a comment that we were trying to educate people into eating better. I forget what it was he called it: buy smart eat smart program. I think Mrs. Casey has already addressed that and talking about if she didn't have the rural grocery store to go to, what he called a mom and pop grocery store, she wouldn't be able to get any. And I don't think that's very true. And it does cost them more. The wholesalers charge them more when they get there. This does make a difference.

Many times I find that the mom and pop grocery stores do not have adequate supplies of fresh vegetables, for instance. I think there are two reasons for that. The wholesalers, if they come, the lettuce that they bring has already got brown spots on it. The tomatoes are rotten, over half of it, if they do bring them. So, we do suffer from these things, too.

These are perhaps have something to do with cultural problems.

One of the gentlemen was asking about outreach programs. When our programs first started, we had what we call a family health worker. We didn't know what a family health worker was 18 years ago. But we trained these people. One of the things we trained them in was in nutrition. But this was the first person that bit the dust when the Federal funds were cut back. We had to let this person go. We had four good ones. We feel that we need an outreach worker more than anything else.

It doesn't do any good to have a high level nutritionist talk to some of our people about buy smart and eat smart, because the way they do it, you need somebody locally that has been trained, that knows how to tell them to work with what is available to them in their area. We would love to see something like this.

I think organizations such as ours are the logical place to do some of these things. We are just not able to do it financially.

Thank you.

[The prepared statement of Jesse Lee Walker appears at the conclusion of the hearing, see p. 91.]

Chairman **Leland**. I thank both of you very much.

Dr. Walker, let me ask you about what you see among, particularly kids, but also kids and adults in terms of some of the illnesses that are related to malnutrition and hunger, like anemia, stunted growth, and failure to thrive. Do you find a prevalence of these conditions when you are looking at your patients?

Dr. **Walker**. Do we find what?

Chairman **Leland**. Do you find rampant anemia?

Let me not lead you. Let me ask you if there are indicators of hunger and malnutrition that you find when you are serving your patients.

Dr. **Walker**. Yes, there are. I mentioned one of them earlier, of course, low birth weight children, I think, is an evidence of that. We have a large percentage of anemia, much more particularly in the smaller children, but it occurs in adults, also.

I recall one of the older doctors in the community told me, he said: Doc, every patient that comes into you, if you will do two things, you will be getting at 90 percent of the problems. The first one was to worm them. The second one was to give them iron.

We give our pregnant women more than the normal amount of iron. And I think, although I don't have any statistics, but just from my observations, I feel like that the problem has gotten worse within the last year. I think, if we continue to cut back on these two programs, as I mentioned, it is going to get even worse.

Chairman **Leland**. Have you found that parents might go without eating themselves so that they could feed their children?

Dr. **Walker**. Very definitely. I see this all the time. The child will come in and will look pretty good and maybe be in pretty good shape nutritionally. But the mom and the dad both will show severe signs of malnutrition, much more than the children.

Chairman **Leland**. Are there other less dramatic indicators that you might have found, maybe not necessarily malnutrition but undernutrition?

Dr. **Walker**. I think definitely so. In any of our chronic diseases, and diabetes is probably one that everybody recognizes related to good nutrition and diet, we have a very severe problem in controling our diabetics. And they aren't always overweight, either. A lot of our thin ones we have problems with. This is definitely related to that and the fact that our people tend to not get well as quick.

We serve a population in Jellico that is a little different from the one in the Clearfield area. There is a noticeable difference between the people who live in town and those who live 17 to 20 miles back in the mountains. We don't see the degree of these symptoms as we do in the ones that are back in the mountains.

Chairman **Leland**. Dr. Walker, we held a joint hearing—I alluded to this earlier—with the Subcommittee on Health and the Environment. We found evidence that malnutrition was rampant in this country. Yet, from person after person who were witnesses before our joint committees, we found that malnutrition was very difficult to detect because it is not necessarily a reportable disease. It is easy to detect, but it is rather difficult to attack in terms of providing the kinds of solutions that are necessary, because it is not a reportable disease to the Centers for Disease Control in Atlanta. They know very little about malnutrition and don't gather facts.

There is some notion that we ought to make malnutrition a reportable disease. Do you think that we ought to do that?

Dr. **Walker**. I guess it would depend on the definition, because I think the number of cases that would be strictly defined as malnutrition probably wouldn't be that large. Somehow you would have to take into account the subtle factors that we have been talking about. I think it would be rather difficult.

Chairman **Leland**. Certainly if Congress did it, we would have to call on you, because we know that you have considerable experience in developing these concepts. We appreciate that.

Let me ask you, Dr. Couto, what do you propose we do to alleviate hunger in Appalachia?

Mr. **Couto**. I think a number of people have alluded to full employment, or employment strategies. If we adopted a strategy of giving people employment at decent wages that offered them work with dignity, we probably wouldn't have to go beyond that as a solution. I think that is the preferred solution, especially within the region.

I think, second, failing that, what other alternatives might we take up? One is to take a look at our programs and try to simplify them and base them on need rather than extenuating circumstances of families. You know, are they left handed, are they right handed, were they born in even or odd number years, how many people are there, how many rooms, and when you divide those things you get a quotient, and then you're eligible or ineligible—deal with need. Trust people.

I think many of our programs are based on a fundamental distrust of people. We are out to eliminate fraud, which is a small percentage. We are willing to tolerate the ineligibility and the lack of enrollment of lots of people in need. Then we establish a level of need that is ludicrous; $45 a month for a person on food stamps. That does not exceed, I would imagine, the per diem allowance of the people who testified earlier this morning. If you were to change the per diem allowance of Federal officials traveling around the country to $45 a month rather than $45 a day, you might get more sympathetic hearing about the needs of hunger among people.

I think, for one thing, you have programs that are too restrictive. You need employment. I would suggest that we wed those two things and start employing people in service to other people.

The survey I reported was based on some work that we are doing with a maternal and infant health outreach worker program. We have recruited one person locally. We have trained that person in prenatal care child development, and that person has begun home visits, very much like the family health practitioner that Dr. Walker referred to.

We are now at a point in that program where our initial person has recruited four to five other local women. She is training them in home visits, prenatal care child development. So, we have an ever-expanding ripple effect going on, bringing more people in to provide services to larger numbers of people.

I think those people are the advocates. Those people are the outreach function of the programs. It may very well be that USDA shouldn't have an outreach program. Maybe the outreach should be from the bottom up rather than from the top down. Maybe people with a problem should be employed to advocate for people like themselves and go to the programs and say, you need to be doing more, rather than allowing the programs to determine when they have done enough.

Chairman **Leland**. Dr. Couto, that takes money. Where are we going to get money to do that?

Mr. **Couto**. Well, it takes money. There are VISTA programs. I mean, could we adopt a VISTA program and categorize a section of VISTA to employ women in these services? In fact, we are in the point in the program right now of the original maternal infant health workers making application to VISTA as well as private funding sources. There is a certain amount of limited resources. Our people are doing the best to recruit among those limited resources to continue the program. It is absolutely correct. We couldn't replicate this program across many communities with the existing resources. It is going to require new resources. People are going to have to make judgments about what is more important.

If this Nation can't decide that feeding its children is a priority, then we are disregarding the future. If we don't build the future of this Nation around our children, then what is the national defense all about? We are not going to have a Nation of intelligent, able, strong people to defend. I don't think this Nation morally can stand a division between those who have enough and those who do not, and those who have enough not caring and allowing others to go without very basic needs.

So, what do I suggest we do? I suggest we start a strategy of utilizing nonprofit organizations at the local level, extending, if you want, the Head Start model to a Home Start model. Head Start is a very good model of taking local people, training them, and employing them in the service of kids as well as the families of kids, extending that model backward to the prenatal stage, and making a link to families in need from prenatal care right to school age.

Chairman **Leland**. Doctor, right there you are talking about extending that program itself. When we were in the Mississippi Delta, we went to a head start program. The people were very distraught because the moneys had been cut back in head start. They were really very upset because they had to cut back their program to the extent that they cut out the whole summer program, which meant that the kids who were going to head start during the summer were getting less food to eat over those 3 months. So, you're talking about expanding when in fact what we are doing, in effect, is cutting back on those programs.

I am just trying to find out whether there are any creative solutions to this problem. Every time those of us who are labeled as liberals in the Congress stand up and fight for those kinds of program and their expansion we argue that it is the kind of investment that we ought to be making in our future, and it's a cost-effective investment. Still, we get shutout. The American people for some reason are not coming to our rescue. They are buying the other stories that are being heard out in the hinterlands. We have got to protect the taxpayer's money. However, at the same time, we are finding that the Pentagon is spending $6,000 per toilet seat and $1,000 per coffee pot, or building these incredibly awesome weapons of destruction, spending billions of dollars not just on the cost for building them, but also engaging in these incredible billions of dollars in cost overruns.

It seems to me that you are absolutely correct. Maybe you and I are sort of preaching to the choir, all three of us.

Mr. COUTO. There is a very good friend of mine in west Tennessee who was a leader in the civil rights movement. He said, sometimes you have to work real hard just to make sure you don't fall further behind. And I think those are days that we are in right now. I applaud your efforts. But I do think we have to be careful of not giving the other side the benefit of the terms.

What is cost effective? Head start is cost effective. Prenatal care is cost effective. We certainly can't lower the infant mortality rate or lower the low birth weight rates by high technology solutions. We can't create neo-natal intensive units in Dungannon, VA. We need to go to preventive measures, if we care about the lives and health of our infants. Those are cost-effective measures. We can't allow the other side to rule every intervention on behalf of needy people as cost ineffective.

The other thing is that there are creative solutions there. There are people at the local level ready to work hard in a creative manner to carry out Federal programs successfully. But if by creative you mean solutions that don't cost any money, we can't do it. I mean, that's the Rumpelstiltskin myth. That's the silk purse from sows' ears. That's the Santa Claus myth, that somehow there are people in the North Pole without any resources who come out once a year with these gaily decorated toys and distribute them all throughout the world.

Poor people are no more able to create effective programs and create programs without resources than anyone else. We can't take all our aspirations for social improvement and dump them on the poor people and say, here, you do them, but we can't help you.

The bottom line is, there is creativity out there. There are effective people out there. But they need resources. They need far fewer resources than might be imagined, but they do need resources. The Federal Government really is the only source with adequate resources. Foundations and local efforts can demonstrate models, and we can do it here, and we can do it there. But a nationwide effort is going to require the Federal Government.

Chairman LELAND. I certainly agree with you. You have rekindled an inspiring light in me. I will tell you that we have been, in the last few years, in such a defensive configuration in the Congress, just trying to save programs. Mr. Stockman came in and he had an ax. He started whacking away. Some of our colleagues bought the story that we should be cutting these programs, and we did. Now everybody says, well, we're raising the amounts of money that we are spending. We are really raising the amounts of money only to keep up with the cost of living increases and the amount of inflation that we have. We need to expand the programs to the extent that we are providing a true safety net.

We have found, too, by the way, that the experience of the so-called private sector coming in and taking up where the public sector has left off or has cut back is not adequate at all.

Mr. **Couto**. You had a very good illustration of that this morning. Teri was testifying and explaining that, come January, her job ends. Well, the Dungannon Development Corp. has funding for her position. But it has to be a new person coming in through the JPTA Program rather than her, who has the position and is willing to continue. So, it's again a nonprofit organization making the best uses of the resources that they have but unable to really run an organization because those resources are geared to inappropriate criteria that, when applied locally, give you these confusing things of interrupting staff employment and laying off a good staff person to bring on a trainee. That doesn't make any sense.

Chairman **Leland**. It doesn't make any sense at all.

The other thing that we have found through our experiences in terms of trying to raise moneys for African famine relief, for instance—and I certainly don't want to put the African famine relief in a juxtaposition with what we are trying to do here today. But we know that the private effort cannot fill what is the public sector's responsibility. The Government of this country, which has great resources, should provide greater proportions of these resources to help the starving people of Africa. We are the World or the USA for Africa people, United Artists for Africa, all types of groups and people raised money. They raised $35 million. Live Aid raised between $50 and $90 million. Well, that's just a drop in the bucket compared to what needs to be done. Certainly we need to do the same thing here.

We need to engage all of our voluntary efforts and raise as many dollars as we can from the private sector to support the poor of our country in whatever way possible—whether it's through foundation support or whether it's through direct contribution. We need to do that. Still we would only see a drop in the bucket compared to what we really need. We need outreach programs. We need to train the people. We need to provide jobs, but it costs money to do that. If you are going to create jobs, it certainly means that you are going to have to provide seed money.

Mr. **Couto**. Part of the problem we are articulating is incomprehensible to me. On the one hand, I hear this rhetoric about local effort. And then I hear giving people incentives to work. Then I hear keeping the cost of programs low. And then I look at programs like Dungannon. I look at efforts in Roses Creek. And I look at projects such as our own. They are employing people. They are training people. They cost little. They are cost effective. But then the other side of the equation is, we don't have the money for these, or the agenda is such that we can't support them.

These are local efforts. They are low cost. If not these programs, which programs? So, I think these programs are very consistent with the rhetoric I hear. But the output isn't there; that is, support for these programs.

Chairman **Leland**. I hear you.

Dr. **Walker**. I would like to emphasize what he says. I would like to suggest that there are organizations, and I quote mine again. I think at a cost of probably $250,000 that it will cost the feds this year. I think we have a very effective program. We employ in our area for our organization, we employ about 30 people. These are 30 jobs that weren't there when we started some time ago. And it is cost effective, but it's hard to prove. And I appreciate that.

I think you might consider taking a look at the programs that are already going and not consider creating a new one. I think, again, organizations such as ours throughout the country, primary care organizations, and many private doctors' offices are ideal places to start to try to do some of the things we have talked about.

I think they are all like us. You got to have a little bit of support to do some of these things. I certainly would endorse looking at the problem of cross State and county lines. This costs us money to do that. If we are talking about poor people, it doesn't matter which county or which State they live in. And it doesn't make sense to have four different organizations trying to look after the people in my little valley. I think there ought to be one organization, and it is bound to be cheaper. They do the same thing with picking up garbage. They bring a garbage truck in that goes 75 miles to Knoxville. And then they bring in one from the other side. The trash dumps are right close together. And they go 75 miles back the other way. And you can't tell me that one dump truck in our valley with two men working on it wouldn't be cheaper than that. But somehow or another, those others that see these things, you talk about them, you know. One day when I made some comments like that, one of the Congressmen just said, well, you know, that just isn't the way, unfortunately, the Federal Government operates. They don't operate simply.

Chairman **Leland**. That's about right, too.

Thank you both very much.

Mr. **Couto**. Mr. Chairman, could I just take 1 minute and make another point? I would urge the committee in talking with the USDA officials to be very specific about the central Appalachian region. The figures that they were giving you were figures for four States very often. So, they were giving you figures for Virginia, Kentucky, Tennessee, and West Virginia. The central Appalachian region is comprised of counties within those States. So, by taking four State totals, you are not getting an accurate picture of what is happening within the counties within the central Appalachian region. And that data is available. Unfortunately, the Appalachian Regional Commission wasn't here, but they certainly should have means of pulling out the Appalachian counties to give you figures.

I think it is very important to match the increased money with the increased need. Looking at the four States and employment, unemployment, poverty increases can give you a very deceptive picture unless you are taking a look specifically at the counties within the central Appalachian region.

Chairman **Leland**. Ms. Winifred Pizzano, who is Federal co-chair for the Appalachian Regional Commission, was supposed to be here. She will submit her testimony. It will be entered into the record.

I appreciate what you are saying. We will tax the FDA on that point, as a matter of fact. I just want to thank both of you for incredible testimony. Thank you for what you are doing, particularly you, Dr. Walker. You are in the field every day and doing alot of great work. Thank you very much.

We have now our last panel, made up of Ms. Lynnette Stuart, director of Help Empower Local People, or HELP, Inc., Big Stone Gap, VA; and Ms. Jane Threatt, president, In Our Own Way.

Ms. Threatt, before you begin your testimony, let me thank you very much for helping to put this hearing together. You have done great work. We really appreciate it. I think this has been an outstanding hearing, as a matter of fact. Thank you very much.

Ms. **Threatt**. Thank you.

Chairman **Leland**. Ms. Stuart, do you want to begin?

STATEMENT OF LYNNETTE STUART, HELP EMPOWER LOCAL PEOPLE (H.E.L.P), INC., BIG STONE GAP, VA

Ms. **Stuart**. From the prenatal stage to the adulthood, there are more southwest Virginians suffering from hunger and malnutrition today than there were 4 years ago.

The majority of school-age children in Wise County, 51 percent of the total school population, in 1984-85 participated in either the Free or Reduced Price Lunch Program. This is a larger percentage than in 1979-80, although the actual numbers have remained about the same. The cost of the reduced price lunch doubled from 20 cents to 40 cents and full price lunches increased by 10 cents, to 75 cents, in the elementary schools and to 85 cents in high schools.

Even though it is harder for an adult to get Food Stamps now than it was 4 years ago, due to tightened regulations, the percentage of food stamp applications approved in Wise County rose to 95 percent last year compared to 79 percent approved in 1980. But even with the help of food stamps, it is estimated that 30 to 35 percent of the approximate 300 families in the area have constant trouble feeding their children.

More adults are also requesting free food from the community food pantries. The Big Stone Gap Ministerial Association reports a 30 percent increase in requests over the last 2 years. The Wise County Social Service Department reports a 40-percent increase in persons showing up for free Government surplus food in March of 1984, compared to November of 1982.

In Wise an entire Lutheran church was established, pastored by the Rev. Edwin Troutman, who gives the story of his most pressing need for service ministry being to provide food for the hungry of the area.

Reverend Troutman relates:

> Perhaps the best way for most of us to understand what hunger is like among the families in this area is to listen to what one family tells about how they live and to compare that with our own life-style. This family consists of two adults and two preschool age children. Their need for food came as a result of the long cold spring, which required more funds for keeping warm. This family lives in an all-electric trailer, with a monthly income of $562. This income is in the form of food stamps and welfare payments. Both adults have been unemployed for more than 5 years, which means that they are no longer counted in the monthly employment/unemployment statistics released by the Government. This family has not been out of the county in the last 10 years, as they have no funds for travel. The children have never been to a fast food restaurant, and the adults have had no new clothes in the past 3 years. They are looking forward to the opening of schools in the fall as both children will attend for the first time, and will get breakfast and lunch for the first time in their lives. They do not have enough money to have three meals a day.

Listen now to the words of a widowed mother with five children in Big Stone Gap:

> This is a very difficult time in my life, the worrying, not knowing where the next meal is coming from. I can borrow the money to get to Wise for my WIC checks. Right now I fear losing my children, and the youngest is 10 months.
>
> I am at least grateful for school starting so that three of my children can receive two hot meals a day. God only be with us until time for my food stamps. I get $252 a month in food stamps which lasts about 3 weeks, but after 2 weeks I run out of bread, milk, cereal, butter, eggs, things like that. My WIC checks help but I can't buy bread or butter. What I will have to do is call the church to see if they can help out again. I know they are tired of me but I won't see my kids go hungry.

Help Empower Local People serves an average range of 250-plus constituents per month. Through these services, we referred approximately 10 for employment, about 40 to educational needs, and the remaining 200 are social services needs.

Social services at this point is our largest area and covers emergencies such as shelter, food, medical, utilities and more. About 5.2 percent of these constituents are single mothers and heads of households.

The center's goals are to empower local people to overcome this cycle of poverty and to review resources that are offered to them in the area for the betterment of themselves.

On October 5 of this year, a local community effort was formed to help combat hunger in our area of Wise, Lee, and Scott Counties. Through these efforts we were able to bring together blacks, whites, ministers and other community leaders in a collective forum to secure funds for constituents in less fortunate situations.

We raised over $4,300 and funds are still coming in. These funds will only provide partial services for approximately 33 constituents in which we serve.

The following are more stories of poverty stricken families that live in Wise, Lee, and Scott Counties.

A family of six thumbed and hitchhiked 36 miles seeking food. There was a small infant needing medical attention. After making several attempts with food pantries, no attempt was made to get anything. The decision was made by the center to do what they could, and that was to purchase food immediately. Extensive followup has been done to secure the family's well-being with counseling and budgeting and parenting classes.

We could continue like this for months, weeks, days with such stories as this; however, several recommendations come to mind. First, easier access to the WIC Program in the form of transportation and eligibility requirements. For example, in Wise County, WIC is offered through the health department in the town of Wise. Many women in Big Stone Gap miss appointments or are discouraged from participating altogether because they have no cars and cannot afford the $20 cab fare. We, therefore, recommend the establishment of free bus services to the health department or the establishment of additional WIC satellite centers throughout the counties, in places convenient to women without transportation. We would also like to see the WIC extended to all women, based on income eligibility.

Second, one of the biggest problems in our area is still a lack of jobs. Unemployment rates for June 1985 were: Wise County, 9.6; Lee County, 13.2; Scott County, 5.8; and in the city of Norton, 7.1.

Out-of-work people eventually become hungry people. Every effort should be made to attract new industry and more jobs to the area.

Third, ADC recipients should receive cost-of-living increases similar to Social Security increases. And last, the Government subsidy should be increased at least for the reduced price school lunches so that those children not eating now can afford a hot meal.

Chairman **Leland**. Thank you very much.

[The prepared statement of Lynnette Stuart appears at the conclusion of the hearing, see p. 92.]

[Chairman **Laland**. Ms. Threatt.

STATEMENT OF JANE R. THREATT, PRESIDENT, IN OUR OWN WAY, WASHINGTON, DC.

Ms. **Threatt**. Mr. Chairman, I am president of In Our Own Way, a nonprofit organization created to link grassroots community leaders, policymakers, and institutions. Our objective is to bring together people, ideas and resources at the local and national levels for effective community development. We believe in helping those willing to help themselves.

In Our Own Way believes that hunger is the No. 1 problem facing the world today. Thus, we have accepted the challenge of hunger as our priority for the next 5 years. Where there are simple answers, In Our Own Way is dedicated to promoting them. Where there is greater need for complex understanding of the root causes of hunger, we are dedicated to fostering creative solutions based on the knowledge and experience of those who suffer from hunger and know it best.

I have anguished with the rest of the country over the tragedy of famine and starvation in Africa. I don't believe we recover easily from the images of starving people, and I, like most of us, have felt pride in the outpouring of support and generosity shown by this country and the world to the people of Africa. But, Mr. Chairman, when I think of hunger, I think first of Appalachia, not because the hunger and devastation are greater in Appalachia but because they are closer.

As we reach out to the suffering countries of Africa, we must look through the window of Appalachia, where the human toll is high. We are neighbors in more ways than we think, in more ways than we admit.

Let's take a look for a moment at Appalachia. I could tell you that it is a place with geographic boundaries, a 13-State region stretching from New York to Mississippi, with common socioeconomic and demographic measures. But it's more than that. It's a state of mind, a human condition. Within the 13-State area there are really two Appalachias. In the first, which is where I am from, most people make a decent living, as they do in most of the country, based on economic upswings and downturns. People have the energy to face the day because they have the opportunities to work and feed their families.

In the second Appalachia, which is central Appalachia, there are pockets of appalling poverty, malnutrition and despair. Here families live outside the sweeping arm of economic recovery but are the first to feel the slightest economic downturn. For these families the results of even a minor price change are magnified many times over. When they get up in the morning, their primary concern is how to feed their family. If they shop at the grocery store, I suspect it's no more than once a month, and that's when they use their food stamps. Some cannot buy perishable goods because they don't have refrigerators. In fact, that goes for electricity, indoor plumbing and running water.

When the food runs out, they eat potatotes and bread—you heard that today—or biscuits and gravy. Some days they don't eat at all. There is hunger in Appalachia.

There are, in fact, more hungry people in Appalachia and across the country today than there were when former President Lyndon Johnson declared his War on Poverty. What is even more disheartening is that the burden of hunger is falling on women and children, as we heard today as well. The President's National Advisory Council on Economic Opportunity predicted in 1981 that if the proportion of the poor in female headed families continues to grow as it has in the past, the poverty population will be composed solely of women and children by the year 2000. Nowhere is this more clearer than in Appalachia. There we can see many times over the ways in which hunger makes victims of women, children, and of men. Yes, men are the victims, too. I ask you to imagine, for instance, how it might feel to lose your job, your pride, your land, and finally your family because of forces beyond your control. Then you lose the will to fight because you know the economic future looks bleaker still. Why? Because Appalachia has a history of misspent resources, perpetual high unemployment, ravaged land, and absentee land ownership, in some counties as high as 80 percent, leaving the tax base so low that there is hardly enough to buy tires for a school bus.

As for unemployment, you have heard about it many times today. There are communities in central Appalachia where unemployment is as high as 90 percent, with little hope for future jobs. It is not difficult to find mountain communities where the majority of families have nothing to live on but food stamps. As one man in Barwick Hollow said, when you saw the video, "If we didn't have food stamps, we would starve to death."

Amid the pain and poverty in central Appalachia, Mr. Chairman, grassroots people, Government agencies and nonprofit organizations are working to combat the social and economic problems. Let me just give you an example of what can happen when partnerships are formed.

In Barwick Hollow, KY, a poor community of less than 1,000 people, a grassroots leader named Nancy Cole—you met her earlier—was given $500 in donations to buy food. Instead, she used that money to buy vegetable seeds, fertilizer and tools, and distributed them to community members. The success of this initial effort encouraged Nancy to take the idea a step further. With help from local churches, the people of Barwick established a garden cooperative. They donate a given number of manhours a week to the cooperative in return for seeds and fertilizer to plant their gardens. Bringing in enough resources to keep the cooperative going has been difficult, but Nancy believes Barwick has made major strides in the direction of community self-sufficiency.

The Woodland Community Land Trust in Roses Creek, TN, under the leadership of Marie Cirillo, has secured 68 acres of land donated by a big absentee land company. The Tennessee Valley Authority engineers and surveyors helped the land trust prepare lots for resale. Now, this is an important turning point for a county of landless poor and a good example of how technical help from TVA builds self-reliance.

In Our Own Way will bring together, on October 27 through 31, in central Appalachia resource representatives from over 35 national organizations and agencies who will take a closer look at hunger in Appalachia. In three communities of Kentucky, Tennessee, and Virginia, they will see for themselves the physical and emotional effects of hunger. From this effort, projects and programs will be developed between grassroots people and resource holders to help alleviate hunger.

In closing, Mr. Chairman, on behalf of In Our Own Way and our grassroots network in Appalachia, I invite you and the members of this committee to work with us to organize a regional forum which will give grassroots people the opportunity to present their views on hunger and poverty. We must begin to see poor people in a new way, Mr. Chairman, tough, resilient, hard-working, and, above all, people who have survived overwhelming obstacles. We can be partners if we recognize that each of us has unique resources, skills, and insights to bring to the table. We can have not just one more dialog, but better dialog, if we look at Appalachia not for what we can impart but for what we can learn.

We must do better, Mr. Chairman. We must try harder, show more compassion, think in human terms about the problem of hunger, and, above all, we must have enthusiasm as we join together in that human community of interest called the hunger movement.

Thank you very much.

Chairman **Leland**. Thank you very much.

Thank both of you for your invaluable testimony here today.

Let me say, Ms. Threatt, I am one member, of course, who is committed to doing all that he can to help establish the regional forum that you want to create in Appalachia. I will do all that I can to incorporate the help of the Select Committee on Hunger. We want to get involved. I have always been very much interested in working in Appalachia and want to do what I can, of course, to alleviate the problems we are addressing today. If that means that I need to go and spend some time there, I certainly want to do that.

Ms. **Threatt**. Good.

Chairman **Leland**. I would like very much to take my colleagues with me.

Ms. **Threatt**. Wonderful.

Chairman **Leland**. Let me, Ms. Stewart, turn to you for a minute or two. We have heard from several organizations which are concentrating on providing services for women. What is happening in this particular region of the country to account for the specific focus being placed on helping women?

Ms. **Stuart**. Our program has just decided last year to change our name from Women's Work World for the fact that local people, it is not only women that are oppressed in rural areas, to Empower

Local People, which will include all, even from the age of birth, which need that empowerment in our area.

Chairman **Leland**. So, you think that there should possibly be a deemphasis on specifying women and incorporating as many people as possible regardless of what gender, even though there might be some specific problems relating to women?

Ms. **Stuart**. I think that is true for southwest Virginia, which is such a rural area that it is mostly everyone who needs that empowerment.

Chairman **Leland**. In the more isolated regions of Appalachia, are there adequate resources to establish private voluntary programs for emergency food assistance?

Ms. **Stuart**. At this point they are growing. However, the biggest problem with that in our area has been the fact that helping agencies have sprung up all over, but they again set the criteria so high that it still does not help people who need that help. Criteria are set where people basically still are being turned away when food is on the pantry, food is in the shelves, and the money is in the bank. So, we need to really work on ways in which we can do something about these springing up agencies who claim to be helping agencies but at the same time so that again we don't get caught up in the same system of setting criteria so high that people's needs are still not met.

Chairman **Leland**. Criteria like that which has been set up by the Government, you heard Dr. Couto and others talk about that.

Ms. **Stuart**. Right.

Chairman **Leland**. It's really ironic, isn't it, that the administration—again, I am not trying to be partisan by any means, but this administration has been particularly harmful, from my perspective, in terms of some of the contradictions that it has exercised in its policies. I am concerned that we have deemphasized more in this administration, or should I say we have done away with more redtape in this administration when it comes to Government involvement with private business or private enterprise, when in fact we have to some extent created some bureaucratic redtape when it comes to the programs that we are talking about. That's another contradiction. I think I hear what you are saying. I appreciate that.

Ms. Threatt, what do you foresee that the In Our Own Way project will accomplish in fighting hunger and poverty in Appalachia?

Ms. **Threatt**. First of all, we think it's a wonderful opportunity for organizations who have been working in the area of hunger for a long time to visit these communities in Appalachia and to listen to what poor and hungry people have to say about their problems, and then hopefully begin partnerships. We are hoping that these marvelous dialogs that will take place in these three States will help develop partnerships whereby the people who have resources can work with and support economic self-sufficiency, self-reliance at the local level.

There is so much going on in Appalachia at the community level, with few resources. And you know, this idea that people can do without resources, particularly money, is nonsense. We need the money. We need to put people to work—we have heard that many, many times today—at home, in their own communities. There are a lot of organizations out there; a lot of people who really want to do something.

You know, I was thinking while we were listening to the testimony earlier. I am sure that, when the committee took a trip to Africa, it made a difference. You have to see it. You have to experience it. We have to get some sense of what people are doing, what they can do for themselves. It just won't work for folks to go in and lend a helping hand and give a few dollars to the community to do what they have to do. It just doesn't work that way. People need to have an opportunity to get up on their feet and to begin to feel a sense of responsibility and commitment.

I have been working in Appalachia for about 9 years now and I have found there is just not enough dialog. There are just not enough folks out there willing to listen to the problems from the people who experience those problems. We feel that this project will go a long way in educating people who have those resources as well as making that important link between Appalachia and the Third World. The process is the same. The process that has led to famine and starvation in Africa has led to hunger and near starvation in Appalachia. We have to begin to look at it that way.

Chairman **Leland**. That is interesting that you would mention that again. I wanted to talk to you about your understanding or your view of looking through the window in Appalachia to the Third World, the whole relationship there. There are 35 million poor people in this country. That is roughly about the size of Ethiopia. It seems to me that we, too, should raise higher the priority for attending to the matters of those 35 million people in this country as we have in recent times with the priority that we have exercised with Ethiopia. I believe that very strongly, still, we cannot limit this need only to Ethiopia but we should think about the millions of people who are suffering in other parts of Africa and in other parts of the world.

I certainly agree with you. I like very much the comparison. I think I will use that.

Ms. **Threatt**. I just want to say another thing, Mr. Chairman. The queen of Lesotho was in Roses Creek a month or so ago. Mr. Chairman, she was appalled at what she saw. She was appalled. That was her first trip to rural America. You know, there are so many people who come here from other countries of the world. They learn very quickly when they go to Appalachia that the streets are not paved with gold. They don't understand: if we can't take care of our own, how can we take care of the rest of the world?

Chairman **Leland**. You know, maybe what I need to do is invite President Reagan to go with me to Appalachia.

Ms. **Threatt**. I think that's a wonderful idea, Mr. Chairman. [Applause.]

Chairman **Leland**. I don't think he'll go, though, that's the problem, not with me anyway.

Ms. **Threatt**. We will help you all we can.

Chairman **Leland**. I think it would be a great idea.

The other thing I would like to ask you, Ms. Threatt, is this. Do you think that the private moneys that are being contributed in the area of helping the poor people of Appalachia is enough?

Ms. **Threatt**. Is enough?

Chairman **Leland**. Yes. Do you think—I know it's a crazy question, but I just want to ask it for the record. Sometimes we have to ask those crazy questions just to get your response for the record.

Ms. **Threatt**. Absolutely not enough.

Bill Williams' video also showed that the private moneys going into Appalachia are not enough. From my understanding, and it looks like a few folks agree, the money that is going into the poorest communities of Appalachia is coming primarily from church organizations. We are having a real problem here. As far as I am concerned, it goes back to the networking point. We shouldn't underestimate that word networking. It's critical.

Chairman **Leland**. Our problem here in Congress is that, when we say that we should raise the level of interest for Appalachia and other regions, the Mississippi Delta, other urban poor communities, with the same level of attention that we are paying to Africa, or not just Africa but to the aid programs in other places, they say: "well, we're contributing all of this money; we're giving food stamps and WIC benefits and other nutrition assistance. Aren't we doing enough?

The truth of the matter, obviously, is we either aren't doing enough or we're doing something awfully wrong.

Ms. **Threatt**. Then don't you agree that maybe we are just looking at too many reports and too many statistics. Maybe we should really devote more time to seeing the situation for ourselves and work to create a dialog and better understanding.

Chairman **Leland**. I will tell you, some of the most compelling and helpful testimony that has been invaluable has been the testimony coming from the people who actually live in the conditions there. Again, what we should really do is take not only this committee but the Appropriations Committee, the Ways and Means Committee, and all other committees with jurisdiction over antipoverty programs to visit Appalachia. I know that the Agriculture Committee has been very involved in this area, particularly the Subcommittee on Domestic Marketing Consumer Relations and Nutrition. But save that one committee and this special committee, we should take more people to see what is going on. Maybe we will develop a certain empathy to turn loose more of our dollars.

I think we should also take the Armed Services Committee there.

Ms. **Threatt**. I think that's a great idea.

Chairman **Leland**. Thank you both very much.

Ms. **Threatt**. On behalf of the Appalachian folks here, who drove 12 or 14 hours to be here to participate in this, we want to thank you, Mr. Chairman, for this opportunity. We will work together. We will make things happen.

Chairman **Leland**. Absolutely. This is just the beginning.

The committee is adjourned.

[Whereupon, at 1:15 p.m., the committee was adjourned, subject to the call of the Chair.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF ROBERT E. LEARD, ADMINISTRATOR, FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE

Mr. Chairman, and Members of the Committee, thank you for the invitation to appear before you today to discuss the role played by Food and Nutrition Service (FNS) programs in meeting the food needs of the poor, including those in Appalachia.

On a national scale, the scope of FNS programs is impressive and varied in nature. FNS administers thirteen food assistance programs primarily for persons with low incomes. Special target groups include nutritionally-needy women, infants, and children, Native Americans, the elderly, and school-age children. The largest of the food assistance programs is the Food Stamp Program.

Started in 1961 as a pilot project in West Virginia and six other states, the Food Stamp Program is expected to expend over $10.7 billion in Fiscal Year 1985 and to provide assistance during the course of that year to about 35 million persons. It is our first line of defense against hunger. Any household that meets the following income and asset requirements as well as non-financial criteria is eligible for food stamps:

- o Gross Income at or below 130% of the poverty level ($13,848/yr for a family of four).
- o Net Income, after deductions, at or below 100% of poverty. ($10,656/yr for a family of four).
- o Asset Limits of $1,500, exclusive of home; or $3,000 if the household contains an elderly person.

Food Stamp benefit amounts are based on household size and income; benefits received vary accordingly. Seventy percent of food stamp participants are members of households headed by women. Sixty percent of food stamp dollars go to these households, most of which include children. I should emphasize that food stamps are designed to serve as a supplement to other resources low-income families may have; they are not intended to be a complete food subsidy. Also, it is important to understand that homeless persons are eligible for food stamps. FNS has issued a policy letter to State agencies in recent months to reiterate and reinforce this policy.

The WIC program (The Special Supplemental Food Program for Women, Infants and Children) currently serves approximately three million pregnant and post-partum women, infants and children up to age 5 determined by a health professional to be at nutritional risk. In order to be eligible to receive benefits, the household must meet income eligibility requirements, generally 185% of poverty, or about $19,700 a year for a household of four. In Fiscal Year 1985 we will spend approximately $1.5 billion on WIC, more than twice the 1980 level.

Participation has increased 50% since 1981. The WIC program is designed to give low-income women a better diet during pregnancy and up to a year after childbirth. Currently, 659,000 women, 870,000 infants and 1,592,000 children are being served. The program also offers nutrition education in a health care setting. In fact, one of its most important benefits is that recipients are brought into the health care system. The WIC program, incidentally, began more than ten years ago on January 15, 1974 when Debbie Holland of Pineville, Kentucky became the nation's first participant.

A related, though smaller program is the Commodity Supplemental Feeding Program (CSFP). It serves low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 6. CSFP provides USDA donated commodities which are high in those nutrients usually lacking in the diets of the target population. In Fiscal Year 1985 we estimate this program will cost $35 million; it served about 140,000 persons per month. CSFP served the District of Columbia and twelve states, including Kentucky, North Carolina and Tennessee.

The School Lunch and School Breakfast Programs provide free meals daily to children whose families have incomes below 130% of the poverty level and reduced-price meals to those between 130% and 185% of the poverty level. Extra per meal subsidies are provided in the NSLP when the school district is serving 60% of its lunches to children whose families are below 185% of the poverty line, and in the SBP when 40% of the breakfasts are served to children from families below 185% of poverty. Preliminary figures show that each school day during 1985, the Federal Government subsidized, in whole or in part, meals for nearly 24 million school children per day at an annual cost of about $3.7 billion.

In Fiscal Year 1985 we distributed a total of 1.7 billion pounds of commodities to schools and charitable institutions, including soup kitchens, at a value of approximately $1 billion. In addition, the Temporary Emergency Food Assistance Program (TEFAP) provided commodities such as cheese, butter, nonfat dry milk, honey, rice, flour, and cornmeal to recipients for home consumption. The 1985 cost was approximately $1 billion. Our total commodity distribution was 2.6 billion pounds at a value just over $2 billion. Under TEFAP the distribution of commodities and $50 million provided to States for administrative expenses is based on each State's number of persons below the poverty line and on the number of unemployed. As new unemployment and poverty data become available, the formula is updated to maintain appropriate targeting.

Other programs are targeted to the special needs of certain groups. The Special Milk Program, the Child Care Food Program, the Summer Food Service Program, the Nutrition Program for the

Elderly, and the Needy Family Program on Indian Reservations and Trust Territories complete the array of programs administered by FNS. Current estimates for Fiscal Year 1985 indicate that the total cost for these programs will be about $630 million.

In general, the help provided by USDA food assistance programs increases with need, and it has been generous in response to adverse economic changes in recent years.

For example, the Food Stamp Program is indexed to the cost of food and poverty income levels. If the number of poor increases, more persons are eligible. For example, the program grew to 22.6 million persons served in March, 1983, but has tapered off to a projected 19.5 million persons in September, 1985 largely as a result of economic improvement.

The School Lunch and School Breakfast Programs are programs which operate to increase in size if need increases.

To provide a summary overview of the major FNS programs available in the four States which are the primary focus of this hearing, I am submitting the following data for 1984, the most recent fiscal year for which we have final figures:

FISCAL YEAR 1984

PROGRAM	PARTICIPATION (thousands)				DOLLARS (millions)			
	TENN.	VA.	KY.	WVA.	TENN.	VA.	KY.	WVA.
Food Stamps	563	399	594	284	$309.8	$210.8	$349.6	$156.5
School Lunch	586	597	500	239	$ 75.4	$ 72.9	$ 71.3	$ 33.0
School Breakfast	106	62	107	88	$ 10.9	$ 5.7	$ 11.8	$ 7.3
WIC/CSFP	84	60	68	26	$ 38.1	$ 25.8	$ 32.8	$ 12.1
TEFAP	NA	NA	NA	NA	$ 24.8	$ 17.8	$ 33.6	$ 16.6

I must point out that a greater proportion of students in these four States participate in the school lunch program (68%) than the proportion of students nationwide (59%).

The total amount of food assistance provided to these four States in Fiscal Year 1984 (including the smaller programs not shown in the above table) was as follows:

Tennessee	$473,397,688
Virginia	$346,392,353
Kentucky	$510,896,602
West Virginia	$232,585,036

I have visited parts of Appalachia and have inspected local programs funded by the Food and Nutrition Service. I must say that I have been impressed by the dedication of those who operate the programs. There can be no doubt that our public feeding programs are an essential resource to many people in what is called Appalachia as well as throughout our Nation.

PARTICIPATION IN MAJOR FEDERAL FOOD ASSISTANCE PROGRAMS (FY 1984)

Program	Virginia	West Virginia	Kentucky	Tennessee	U.S. Total
Food Stamp Program 1/	399,083	284,256	594,102	563,488	20,853,427
School Lunch 2/	552,772	222,139	463,197	547,400	21,645,993
School Breakfast 2/	57,870	81,377	110,194	99,175	3,178,038
Child Care 2/	37,713	14,930	27,269	35,710	2,361,982
Summer Food Service 2/	25,538	5,427	26,162	25,739	2,057,851
WIC 1/	59,594	25,899	61,405	57,913	3,044,773
Commodity Supplemental Food Program 1/	0	0	6,561	25,925	137,170
Elderly Feeding Program 2/	9,443	7,300	12,587	14,369	788,018
TEFAP 3/	13,889,232	13,333,004	26,194,720	19,919,636	853,812,621

NOTE: This report is based in part on preliminary data submitted by States. Users should anticipate changes in future reports as States complete monthly close-outs.

1/ Average Monthly Participation
2/ Average Number of Meals Served Daily
3/ Pounds of Food Donated

Statement for the Record Program Participation in Appalachia

Domestic food assistance funds are distributed primarily on the basis of entitlement (as in the Food Stamp and National School Lunch Programs) or on the basis of a need-based formula (as in WIC). As a result, economic conditions and demographic factors play a major role in determining how much program assistance goes to a particular State or area. States with weaker economies and higher poverty rates generally receive a larger share of the domestic food assistance than do States with stronger economies and lower poverty rates.

This expectation is borne out in the case of Kentucky, Tennessee, Virginia, and West Virginia. In 1984, these States accounted for 6.7 percent of the U.S. population and 7.1 percent of children enrolled in public schools.

Program data for that year show that these States accounted for 8.8 percent of all food stamp participants, 9.1 percent of all food stamp benefits, 8.2 percent of all school lunch participants, and 7.5 percent of all WIC (and CSFP) participants. These figures are all higher than would be expected based the number of people living in these States.

Moreover, while approximately 59 percent of the students enrolled in public schools participated in the National School Lunch Program nationwide, about 68 percent of those enrolled in this 4-State region participated.

Similarly, the WIC and CSFP programs in these States are serving a larger portion of the eligible population. These four States had about 7 percent of the persons eligible on the basis of income for WIC or CSFP in 1979, but they had about 7.5 percent of all participants in 1984.

PARTICIPATION RATES OF THE FOOD STAMP PROGRAM IN KENTUCKY, TENNESSEE, VIRGINIA, AND WEST VIRGINIA COMPARED WITH THE NATION, 1980-1984

Rates of participation, as measured by the estimated percentage of a State's entire population participating in the Food Stamp Program, have run above the national rate of participation in three of these four States over the past five years. Based on average monthly program participation and State and national population estimates by the Census Bureau, the proportion of the populations of Kentucky, Tennessee and West Virginia receiving food stamps in Fiscal Years 1980 through 1984 was larger than the proportion of the nation's population as a whole receiving them during that period. (We have excluded Puerto Rico from these estimates since it began a block grant program in mid-1982.) Virginia, however, has had a smaller proportion of its population receiving food stamps than has the nation as a whole. National participation rates have ranged from 8.5 to 9.2 percent during this five-year period. Participation rates in West Virginia have ranged from 10.7 to 14.5 percent; in Kentucky from 12.8 to 15.9 percent; in Tennessee from 11.9 to 14.6 percent; and in Virginia from 7.1 to 7.9 percent. Only in Kentucky has the rate increased each year. These estimates measure monthly participation for a given month - over the course of a year, we estimate that the number of different persons receiving food stamps is about 70% higher than the monthly average owing to turnover. The attached chart summarizes the year-by-year estimates of participation rates for the four States and the nation.

	1980	1981	1982	1983	1984
Kentucky	12.8	14.1	14.2	15.9	15.9
Tennessee	13.6	14.6	12.8	13.3	11.9
Virginia	7.2	7.9	7.8	7.9	7.1
West Virginia	10.7	12.9	11.1	14.4	14.5
U.S. (excluding Puerto Rico)	8.5	9.0	8.8	9.2	8.8

FOOD STAMP INCOME ELIGIBILITY LIMITS ADJUSTED WITH INFLATION

Income eligibility limits are adjusted each year to keep pace with inflation. The gross income eligibility limit for four person households increased 26 percent from the time of its inception in October 1981 to July 1985 ($916 to $1,154). This income limit applies to all households except those containing elderly or disabled members which must meet only the net income eligibility standard. The net income eligibility standard increased from $705 in July 1981 to $888 in July 1985 (an increase of 26 percent). Both limits are revised each July based on the official OMB poverty guidelines. These guidelines are adjusted each year to reflect changes in the Consumer Price Index.

FOOD STAMP PROGRAM QUALITY CONTROL SANCTION SYSTEM

Program quality control sanctions are based on State case reviews which are conducted on a monthly sample of households which are participating in the program. The reviews determine if the households are eligible and receiving the correct coupon allotment. Reviews are designed to determine the validity of cases at a given point in time by reviewing against program standards. State quality control results are validated by Federal re-review of a sample of State quality control cases for each review period. These validated active case reviews are used in computing a State active case error rate, payment error rate, and underissuance error rate. Program sanctions are based on the payment error rate which includes the value of allotments reported as overissued to eligible households and all issuances in ineligible cases. Payment error rates are adjusted based on results of Federal re-reviews, a statistical regression formula, and on error rate estimates for incomplete cases in those States which fail to complete all of their required sample sizes.

Final payment error rates for each State are computed for each fiscal year and these rates are evaluated to determine if the State has met its error goals for the fiscal year. These goals are set at 9 percent for 1983, 7 percent for 1984, and 5 percent for 1985 and each fiscal year thereafter. States failing to meet 1983 and 1984 goals will not be sanctioned if they succeed in reducing their payment error rates by 1/3 or 2/3, respectively, of the difference between their payment error rates during the period October 1980 through March 1981 and a 5 percent payment error rate.

States failing to achieve payment error rate goals during a fiscal year lose 5 percent of federally funded Food Stamp Program administrative costs for every percentage point or fraction thereof, by which State payment error rates exceed the fiscal year goal, up to 3 percentage points, and 10 percent of Federal administrative program costs for each percentage point or fraction thereof, above 3 percent. For example, if a State's 1985 error rate is 9 percent it will lose 25 percent of its Federal administrative funding.

A State's federally funded share of administrative costs may not be reduced by an amount which exceeds the difference between its payment error rate goal (or what its error rate would have been had it met the applicable reduction criteria above) and its actual error rates expressed as a percentage of its total issuance during a fiscal year.

PREPARED STATEMENT OF LETTA CASEY, ROSES CREEK HOLLOW, TN

Mr. Chairman, my name is Letta Casey. I was born and raised in the Appalachian Mountains, in a small place called Primroy, Tennessee. We lived there until I was fourteen, at which time my mother became unable to work anymore, so we moved. All the men there worked in the mines then. Primroy consisted of only a few families, a one-room school and a church. We made our living from the land. And of this I am proud: that I have grown up to know the land. In those days, like everyone else, I had ideas of getting away from there, to escape all the hard work from daylight to dark. The hours were long and hard. So I left my home in the mountains and moved to the state of Florida. Things were easier there in a way, until the novelty wore off. But as the prices went up, wages went down and jobs were fewer, I knew there was only one way of life where I could still make it for my children and myself. So we came back to these mountains, and I'm glad that we have. Life here is much better than in the city. I couldn't make it there now, with the little education I have, and the scarcity of jobs available.

So in Tennessee, we live in a small house on an acre of ground, which we own. Most of the acre is mountainside. The house belonged to my aunt and she wanted to leave, so she sold it to us. She sold it in a way that I could afford, because I didn't have to make a certain amount of monthly payments. She said I could pay her as I was able, so I signed up for food stamps and welfare because I couldn't get a job that allowed me to be home with the children when they got in from school. That was necessary, since we live a mile or more from our nearest neighbor. We don't have running water or electricity. Those are bills I don't have to worry about. But I was raised without these conveniences, so it doesn't bother me too much. At first it bothered the children, but now they seem to have gotten used to it, and they love raising their own gardens.

We raise a garden to supply, I'd say, 75% of our food supply. We draw food stamps and we manage to make it pretty well. But what really saddens me is to think of the people who only draw food stamps for a living. Many families don't have their own land to grow a garden on, because it is owned by large land companies. I know from experience, these people can't have nearly enough food to support their needs. This past August and September, all the income I had was $153.00 in food stamps each month. If we hadn't had our garden, we would have really gone hungry. So I know that the people who only draw food stamps must be in dire circumstances, as far as food goes, because they do not draw enough to supply a family with what they need. So I think that hunger here in the United States is much worse than anyone can comprehend or realize at this time, since the prices have gone up so high, and yet the rations for food stamps have not increased enough to cover them.

I don't think that our people would want charity completely. I believe they would be much prouder to work. So what I think we need is more jobs. And until there are jobs, something must be done to see that our children eat properly, in order to develop sound bodies and sound minds.

I have a job now, which will last for six weeks. I am in training with the South Eastern Indian Tribes. This job means a lot to me. Once we have finished our training, we will be forming a cooperative. We are going to make a success of it, because I have seen times when the children and I were down to nothing but potato soup and corn bread. Actually, we have not starved, but I know that there are many times when the children are actually hungry for other things that I cannot afford to buy for them. And I've heard many people say how hard they've worked. Well, I have too. It's not easy to haul junked cars, which I have done in order to live. At that time my children weren't in school, but they attended the local child care center, where they were able to get proper nourishment.

Now we have our own house and raise a garden. Because my land is on too steep a hillside to tend much of a garden, we have the use of land from the local Community Land Trust. This is a non-profit organization, and they have been a Godsend to us, because they have let us have an acre of trust land, which we can cultivate. They helped with the gardening, with the plants, with the fertilizers, and other items that were needed. They've helped in every way they can, but now that I have this job, things do look better, since I am able to buy other things that my children need, like clothes. That has really been a source of pain to me, that I was not able to buy clothes for my boys to wear to school. My sons have not missed a single day of school this year, until I came to Washington. I had to bring them with me because I had no one to leave them with, for one reason or another. I do think this trip will be very educational for them. Henry is thirteen years old and James is nine years old.

I felt that I had to come here because I want people to know that the rural life is a hard one. But it is a good life. It is a life that requires a lot of work and stamina. And the mountain people, I feel, are happy except maybe when they sit down at the table and there's really not enough food. That's the thing that hurts more than anything, because it's hard to sit down and watch your children eat and know that they've not eaten what they should. And it is hard for the children because they attend school, where they have to have energy for a long day. My children leave on the bus every morning at 6:30 and they don't get home until 4:30. They're gone for ten hours and yet, when school started this year, I was so glad because it meant they would have something to eat. I felt so good that they could go to school and have two meals a day--their balanced meals that they needed so badly and were not able to get at home. And I think a lot of people feel that way too. I don't think it's just me. I'm sure that anyone with small children who don't have everything they need feels that way too. It really gladdens their heart when school starts. They know their children are going to eat two good meals and in that way, if the evening meal is not completely balanced, at least they're not worried about it so much. And during the summer, of course, there's the garden with lots of fresh vegetables. Then you can use your food stamps for milk and some meat and different foods. But in the winter, when the canned goods run low and when potatoes, or whatever you've raised, run low, then with food stamps you learn that flour and shortening and beans or potatoes are the sorts of things you have to buy the most of, in order to make it from one month to another. But that doesn't equal a balanced diet, and children do need a balanced diet, as you know.

As for myself, my teeth went bad by the time my third child was born, but there was never enough money to buy the foods we needed---milk and cheese and dairy products would have protected my teeth to a certain extent---and there's always the medical problem. We don't have proper medical facilities. We now have a clinic and we're very proud to have it. If it weren't for the clinic, I'm sure there are many times my children would go without care, because I couldn't get them to town to a doctor, due to the distance from any medical facilities.

If a person draws only food stamps, then they have no way into town, with our lack of transportation, poor roads and the cost of gasoline. The small rural groceries have to charge so much more for their merchandise than the large supermarkets in town, and the reason for that is that wholesalers don't sell to the smaller stores for the amount they charge the larger ones, since the rural grocers don't take as large an inventory. So their prices are higher and sometimes the country store pays as much for an item as it would cost a person to buy it from the grocery store in town. The rural grocer has to pay that much to the wholesaler, so all in all, with the prices going up and up, and jobs becoming fewer and fewer, as far as I see it, there isn't going to be any change that will stop the hunger situation with our children in rural areas. Especially in rural areas, the jobs are all gone since the mines have shut down for the most part; at least this is the case in our area. Without additional income, food stamps don't last until the end of the month. Besides that, rent has increased. Owners charge more and more to the people that rent homes. The water and electric bills are outrageous, and so those of us who can do so raise gardens for a living, to supplement the food stamps. I consider us lucky because the ones without land who survive solely on food stamps are really the people to be pitied. I believe that I am speaking for many women of the Appalachian Mountains when I tell you about me and my children. So I ask you to give us legislation that will allow us to provide the basic necessities and sufficient food for our children, so that they can eat properly in order to develop sound bodies and sound minds, for the future good of our families and our country.

Mr. Chairman, I thank you for this opportunity to address your Committee.

PREPARED STATEMENT OF RICHARD A. COUTO, DIRECTOR, CENTER FOR HEALTH SERVICES, ASSISTANT PROFESSOR OF HUMAN RESOURCES, VANDERBILT UNIVERSITY

America has a problem of hunger. In addition, America has a problem with its problem of hunger. First of all, hunger is an anomaly in a country noted for its wealth. We prefer to dwell on our material success, our achievements, and our affluence rather than on the basic needs of some of our citizens which are not met. A second problem that we have with the problem of hunger is that we have no definition of hunger and few and inadequate measures of it. Our reluctance to accept the phenomenon of hunger hinders our study and measure of it. Many problems, like poverty and homelessness, went without definition initially because of our reluctance to accept their existence. At present hunger is such a problem.

I would like to report on a group of people who are hungry. I do not offer a precise definition of hunger but I can provide an idea of who goes hungry in the Central Appalachian region and why.

My report is based on a household survey taken in four Central Appalachian communities in the summer of 1983. In each of the communities, we interviewed sixty women who were pregnant or who had children two years or younger, at the time of the interview. Local residents conducted the survey under the direction of students of the Appalachian Student Health Coalition and myself. We conducted the survey as part of a program to improve maternal and infant health in each of these communities. The women selected for the survey were women who were likely to be clients of this maternal and infant project. These women are not representative of their communities in some randomized, statistical sense. They are representative of rural, low income women who are at greatest risk for problems during pregnancy and whose children are at greatest risk for morbidity, illness, chronic ailments, and developmental delays. These women and their families are also among those at risk for hunger. I will supplement the findings of this survey with information from a report I completed for the Commission on Religion in Appalachia on social and economic trends in the Appalachian region.

It is important to explain the nature of the communities involved in this survey. They are all coalmining communities. Two of the communities in West Virginia have recently undergone a severe decline in employment related to coal production. In one of the communities, in McDowell County, West Virginia, unemployment was about 95% at the time of the survey. The unemployment rates of the other communities have been in the double digits, generally in the low 20s. These rates understate the unemployment in these chronically, economically depressed communities. In other words, the communities involved in this survey are communities heavily dependent upon the coal industry. In some cases the industry declined several decades ago, leaving behind families with low incomes and chronic unemployment. In one other community, the coal industry has undergone a recent decline creating almost total unemployment. Our communities had people who have endured the poverty that is synonymous with one aspect of Appalachia and people to whom unemployment and poverty is recent; people whom the media has dubbed the new poor.

Our measure of hunger in this survey is simple. We asked women "Are there times when you don't have enough food for your family?" Thirty-one percent of the women in our survey reported being without sufficient food sometimes. Thirteen percent of the women in our survey reported being without food often. Thus, 44 percent of the women that we surveyed reported being without sufficient food for their families at least some of the time.

The distinguishing characteristic of the women who reported inadequate food is their poverty. Clearly, and perhaps obviously, there is a strong correlation between income and hunger. Women with the lowest household incomes reported going without food most often. Almost 90 percent of the women that we interviewed reported household incomes of $750 or less, a rough estimation of the federal poverty guideline. More than one-third of the women we interviewed reported household incomes of $250 or less per month or approximately $3,000 a year. Of these women, 63 percent reported being without food sometimes or often. Approximately 37 percent of the women with household incomes between $250 and $750 a month reported being without food sometimes or often. Twenty-one percent of the women reporting household incomes above $750 a month reported being without food sometimes or often.

Poverty and hunger are connected for at least two reasons. First, our definition of poverty is based on the cost of an emergency food diet that can provide an adequate diet only under extraordinary circumstances. Second, our income levels of poverty are ceilings and not floors. That is, some poor people have far less money than the poverty level and consequently far less money than is necessary to meet the emergency food plan. In the best circumstances, then, the poor will have to struggle for adequate nutrition. In ordinary circumstances, the poor will not have enough to meet their nutritional needs.

I stress this because we sometimes emphasize the personal characteristics of poor people rather than their poverty to explain their condition. Young and older women, black and white women, and women with high school education and those without it reported hunger in similar proportions in our survey. Women with less education did report more hunger than women with more education but not in a statistically significant manner. Table 1 relates these findings. One caution in interpreting these figures is necessary. All the women of the survey are of childbearing age. Within this age spectrum there are few differences among women reporting hunger. Our survey did not include women or men over sixty-five years of age and living alone. Previous work I conducted showed that in Central Appalachia the proportion of older women living alone is growing and that they are at greater risk for poverty. Since poverty is related to hunger it is reasonable to surmise that people over sixty-five, living alone and with poverty incomes are at higher risk than others for hunger.

The very low household incomes of the women of our survey are inadequate to provide adequately for other resources in addition to food. Hungry people have other material needs that are not met. Sixty-nine percent of the women reporting being without food sometimes or often also reported being without funds regularly to pay their bills. In addition, the women who reported being without food also go without transportation. Fifty-seven percent of the women reporting going without food also reported having no regular transportation. Table 2 reports these findings of our survey.

When we look at a profile of our survey families reporting insufficient food there are some obvious findings. Families go without food because their incomes are low. Inadequate food is part of a pattern of the inadequate resources including insufficient income to pay bills or to provide regular transportation. On the other hand, the pattern of hunger is not selective. The young and old, whites and blacks, and those with varying degrees of educational attainment report being without sufficient food at times.

There are other characteristics of hungry families which are much more surprising. As a society, we have given considerable attention to the feminization of poverty, as we should. The poor of our nation are increasingly recruited from the ranks of women and children. Our survey indicates important differences among those families headed by females and those with male adults present. The monthly incomes of female headed households are lower than households with men. In addition, the lower incomes of female headed households are more likely to come from nonemployment income sources exclusively. I want to stress that our survey results, reported in Table 3, corroborate the increased risk of poverty for women and children living in female headed households and consequently corroborate the feminization of poverty. On the other hand, our survey indicates that female headed households did not report statistically significant differences in hunger from the other households. In addition, the women in female headed households reported significantly higher rates of Medicaid eligiblity.

This suggests that we have woven a safety net for poor people based on their vulnerablity, indicated by gender and age, and based on categorical needs, such as health care, income and food. These provisions are not adequate for those for whom they were designed and they are not adedquate because they exclude many people by design. The provision of public resources and services to families of women is a good thing and should be continued. However, the provision of these resources and services does not mean that there are not others with equal needs but who are not eligible for the public provision for their needs because they are not obviously vulnerable. But the new economic realities within the Central Appalachian region, if not in the nation, have created, or perhaps only increased, a group of people who are vulnerable to unmet basic needs such as adequate food.

Unemployment in traditional manufacturing sectors, such as coal mining, has created a group of new poor families. The presence of a male is not and probably never has been adequate insurance against poverty for a family. But in recent years, and according to our survey, it is obvious that a man in the household is not only no guarantee against poverty but it hinders the administration of the provision of public sources of support such as Medicaid and welfare benefits. This is another way of saying that we must remain acutely aware of the needs of women and children in female headed households but we must not assume that women and children in two parent families are without need. In fact, while 50 percent of the women in female headed households reported being without food sometimes or often, 40 percent of women with males in the households reported the same. Likewise, women in households with employment income and women in households without employment income reported going without food at roughly the same percentages. Thus, hunger is present in families with male and female heads and among working poor and those on welfare.

The point is that we need to challenge the past assumptions about two parent families, male wage earners, household incomes and their interrelation to adequate resources. These assumptions may never have fit into a pattern of adequacy but in the Central

87

Appalachian region with its history of boom and bust and its most recent history of bust, cutbacks in social programs, and increased unemployment and poverty, these assumptions are decidedly not applicable. It is unlikely they will be applicable in the near future.

The economy of the Central Appalachian region is in transition like other parts of the American economy. The economy is moving from a traditional manufacturing base of coal, steel, and textiles to a service sector base. This not only means increased unemployment but it means new forms of underemployment and a change in the roles of wage earner for men and women. To be more precise, as employment in the manufacturing sector declines and employment in the service sector increases, the number of women in the labor force will increase both in absolute terms and in proportion to the number of men employed. The proportion of the household income which their wages represent will also increase. Women's income is not only becoming more important in the households of Appalachia but in many cases women are becoming, if not the prime wage earner, then the wage earner with the most stable income. This does not mean increased household incomes and it is more likely that these changes are occuring as household incomes decline.

The data from the survey suggest the connection of hunger and poverty and permits us to relate hunger to maternal and infant health, as well. The women reporting going without food sometimes or often also reported going without prenatal care more often than other women. They also reported lower numbers of prenatal care visits. No other measure in our survey, including income and Medicaid eligibility, is as consistently and as strongly associated with these measures of prenatal care as is the report of inadequate food. This suggests two things. First, the general inadequacy of resources for low income women and perhaps eligibility criteria for public programs, such as Medicaid, leave too many of them at risk for hunger and inadequate prenatal care.

The second important connection of hunger and maternal and infant health is the obvious consequence of hunger on the healthy development of the fetus and young children. The Southern Governor's Task Force on infant mortality identified maternal nutrition and adequate prenatal care as two important elements to promote higher birth weights, healthier infants, and to reduce infant mortality. Our survey indicates that these two factors, maternal nutrition and prenatal care are related. This relationship becomes all the more significant and important because women reporting being without adequate food also reported less knowledge of serious prenatal conditions. In addition, women who reported being without food most frequently also reported breastfeeding infants less frequently. Consequently, we have a cycle of undernourishment.

To summarize:

1. We have no precise measure of hunger but the survey data indicates that 12 percent of women reporting household incomes at or below the poverty level report having no food for their families often and about 28 percent of women with these incomes report having no food for their families sometimes. This makes sense given the link of the definition of poverty to an emergency food plan and the large number of poor people whose income is less than the poverty level.

2. Hunger is a function of income and not family makeup or characteristics. Female-headed households have lower incomes and more reports of hunger but not in a statistically significant proportion. Hunger is also present among the families of working poor and welfare poor in similar propotions. In addition, recent unemployment and economic changes have increased the poverty, and consequently the hunger, among families with adult males.

3. In those families where we find hunger we are more likely to find inadequte prenatal care, less awareness of prenatal conditions and less breast feeding. Consequently, hunger has a direct bearing on the health of infants and is associated with other factors with indirect bearing on maternal and infant health.

There are several steps that can be taken to deal with these problems. First and most preferred is a program of employment giving everyone the opportunity to work at a job with dignity and decent pay to provide the means for them to have adequate resources to provide for food, transportation, and other basic necessities. If there was adequate employment we probably would not have to go on to recommend other strategies of improvement.

Without new and adequate employment however, there is a need to increase the resources of low income families in communities such as those we surveyed. Obviously, cash transfers which would increase the household income would be very important. States like Tennessee have not revised income eligibility for public programs frequently and consequently the threshold of need grows higher and higher before a family can cross into the provision of public services for their needs. If we do not increase household incomes by some cash transfer program then we must reduce the ever increasing threshold of need. There are some good beginnings to this. Federal policies have recognized the impact of unemployment on health benefits and access to health care. Medicaid programs in states are being revised to recognize the needs of two parent families. These are steps in the right direction, they are probably not enough.

We must also grow more sensitive to the lack of resources in low income families. For example, the lack of transportation for low income people requires that we administer programs, especially in rural areas, in a decentralized manner or by mail if we hope to reach all those who are eligible for the programs. The administration of WIC in some rural counties is a specific example where limited hours in one central location make the program inaccessible for some eligible women.

I would like to propose another step in the right direction although it is not a comprehensive answer. Our survey indicates a need to increase the resources to low income families. We can target low income families which are particularly high risk for inadequate nutrition, problem pregnancies, low birthweight infants, developmental delays in infants, and chronic ailments among children. I would like to suggest a program which employs local women as home visitors to these families to provide education and instruction as well as being an additional resource to them to make sure that they are utilizing, to the fullest extent possible, public programs designed to aid them. In addition to this function, this home visitor program could also begin support groups and other networks among families to provide for mutual support.

I must stress that I recognize that there are inadequate resources for these families and I am recommending a program that would provide a minimum of new resources and emphasize the maximum utilization of existing resources among public programs and among the women whose families are to be served.

Even so, such a program would be a beginning. It would provide training, education and employment for some local residents and provide assistance to some families in greatest need. It would also be a cost-effective way of meeting an increasing problem of infant mortality and the problem of low birthweights on which we have not made much progress.

In a sense, my recommendation represents an extension of the Head Start program and concept. It is an employment strategy which entails training for local residents in entry level jobs as paraprofessionals to provide services within their community. It is a change strategy which creates and extends new forms of services for families in the community. It is a development strategy in offering women and children a better chance for a fair start. To this extent, I would recommend a new initiative of home starts which will utilize community residents and community organizations to provide for the needs of low income families who are at high risk for inadequate food and inadequate maternal and infant health.

Whether it is this program or some other set of programs to deal with hunger, we need to do something. We need to deal with our national problem of hunger and our national problem with hunger. To ignore the hunger of some of our citizens because the many are satisfied is to starve the sensitivity that distinguishes us as humans and the concern that distinguishes us as Americans. Without that sensitivity and concern, it is not our bodies that go hungry but our souls.

Table 1

Age, Race, Education and Hunger

Are there times when you don't have enough food for your family?

Age	Never	Sometimes	Often	Totals
14-19	40	20	10	70
20-29	75	41	17	133
30+	10	8	2	20
Totals	125	69	29	223

X2 = 1.039 df = 4 p-value = 0.9039

Race	Never	Sometimes	Often	Totals
Black	18	15	7	40
White	102	53	21	176
Totals	120	68	28	216

X2 = 2.329 df = 2 p-value = 0.3121

Education in grades	Never	Sometimes	Often	Totals
9 or less	25	23	11	59
10 or 11	45	20	5	70
12 or more	53	26	12	91
Totals	123	69	28	220

x2 = 7.746 df = 4 p-value = 0.1013

Table 2

Income, Transportation, Funds for Bills and Hunger

Are there times when you don't have enough food for your family?

Monthly Household Income	Never	Sometimes	Often	Totals
$ 0-250	29	33	15	77
251-500	50	21	8	79
501-750	24	12	3	39
750+	18	3	2	23
Totals	121	69	28	218

x2 = 18.111 df = 6 p-value = 0.006

Do you have available transportation?	Never	Sometimes	Often	Totals
Yes	67	28	6	101
No/Sometimes	21	15	13	49
Totals	88	43	19	150

x2 = 14.239 df = 2 p-value = 0.0008

Do you have sufficient funds to pay your bills on time?	Never	Sometimes	Often	Totals
Always	35	5	0	40
Usually	35	13	0	48
Sometimes	28	15	5	48
Never	25	34	22	81
Totals	123	67	27	217

x2 = 51.543 df = 6 p-value = 0.0000

Table 3

Income, Income Sources, Medicaid and Female Headed Households

	Female Headed Household		
	Yes	No	Totals
Monthly Household Income			
$ 0-250	32	46	78
251-500	18	62	80
501-750	2	39	41
750+	3	20	23
Totals	55	167	222

x2 = 21.683 df = 3 p-value = 0.0001

	Female Headed Household		
	Yes	No	Totals
Nonemployment Income Sources			
None	9	70	79
One	45	76	121
More than one	3	23	26
Totals	57	169	226

x2 = 19.782 df = 2 p-value = 0.0001

	Female Headed Household		
	Yes	No	Totals
Medicaid or Health Insurance			
Yes	47	83	130
No	11	84	95
Totals	57	169	226

x2 = 16.065 df = 1 p-value = 0.0000

Table 4

Female Headed Households, Income Sources and Hunger

Are there times when you don't have enough food for your family?

Female Headed Household	Never	Sometimes	Often	Totals
Yes	28	21	8	57
No	97	48	21	166
Totals	125	69	29	223

x2 = 1.580 df = 2 p-value = 0.4538

Nonemployment Income Sources	Never	Sometimes	Often	Totals
None	46	22	7	75
One	63	40	17	120
More than one	15	6	5	26
Totals	124	68	29	221

x2 = 3.121 df = 4 p-value = 0.5377

Table 5

Measures of Prenatal Care, Breast Feeding and Hunger

Are there times when you don't have enough food for your family?

Prenatal Care	Never	Sometimes	Often	Totals
Yes	85	38	17	140
No	3	8	3	14
Totals	88	46	20	154

x2 = 8.117 df = 2 p-value = 0.0173

Number of Prenatal Care Visits	Never	Sometimes	Often	Totals
0-5	10	9	0	19
6-10	23	15	10	48
11+	55	19	8	82
Totals	88	43	18	149

X2 = 11.010 df = 4 p-value = 0.0265

Knowledge of Serious Prenatal Conditions	Never	Sometimes	Often	Totals
Least	23	16	9	48
	64	22	10	96
Most	37	31	10	78
Totals	124	69	29	222

X2 = 9.267 df = 4 p-value = 0.0548

Did you breast feed your child?	Never	Sometimes	Often	Totals
Yes	30	17	2	49
No	58	26	18	102
Totals	88	43	20	151

X2 = 5.691 df = 2 p-value = 0.0581

PREPARED STATEMENT OF JESSEE LEE WALKER, M.D., MEDICAL DIRECTOR, LAUREL FORK-CLEAR FORK HEALTH SERVICES, CLAIRFIELD, TN

When I first came to the Clear Fork area in 1958 to help establish the Clear Fork Clinic, hungry children and adults were quite common. They were easily identified by their poor nutritional state and the many chronic diseases that were far worse than they should have been. Today hunger has a more subtle nature and is more evident the last 10 days or so in the month when food stamps give out. It is more evident in adults because parents will go hungry to provide food for the children. Another aspect that causes nutritional deficiencies is both cultural and also related to the fact that the cheaper more available foods such as "fat back" are less nutritional but full of fatty calories. This type fat contributes to development of cardio vascular diseases. Fresh food are frequently unavailable and when they are, the quality is poor and vitamins inadequate. Again the effects are subtle in that the results are manifested by chronic diseases such as diabetes, arthritis, C. V. and pulmonary are likely to be more severe and difficult to treat.

Acute infectious diseases are also subtly affected by such deficiencies in that the children as well as adults' resistance is low and they contract disease more easily. They are more severe and prolonged, further depleting the body of its normal immune defenses. Respiratory diseases are much more frequent in children who are nutritionally deficient.

Pregnant mothers frequently do not have proper diets, resulting in low birth weight babies who are more susceptible to disease.

The food stamp program has been the most helpful program we have developed in my lifetime to combat hunger and malnutrition. The effects of recent cutbacks and increased costs have been devastating to many of our families because this has been their only means of subsistance. Other factors mentioned above have not been properly addressed, such as cultural problems of eating habits and availability of nutrious foods. It is a shame that in a country with so much surplus food that we have pockets of hunger all across our nation. Surely with a little imaginative thinking, we could develop programs that would be helpful to both problems, oversupply and malnutrition.

PREPARED STATEMENT OF LYNNETTE STUART, HELP EMPOWER LOCAL PEOPLE (H.E.L.P.), INC., BIG STONE GAP, VA

From the pre-natal stage to adulthood, there are more southwest Virginians suffering from hunger and malnutrition today than there were four years ago.

Sheryl Shackelford, a WIC nutritionist working Wise, Lee, and Scott Counties, estimates that in 1980, about 20 to 25% of the people she treated lacked sufficient food to be well-nourished, but in 1985 that number has risen to 45 to 50%.

Once a child is born in Planning District I (Wise, Lee, Scott Counties and City of Norton), its chances of staying alive are less than in many other areas of the state. With the exception of one year, from 1978 to 1982, our infant motality rate has been consistently higher than the state average. Based on 1000 births:

State - Infant Motality Rate		P.D.I Infant Mortality Rate
1978	13.5	17.5
1979	14.8	21.6
1980	13.7	21.3
1981	12.6	12.3
1982	12.9	17.0

The majority of school-age children in Wise County (51% of the total school population) in 1984-85 participated in either the free or reduced price lunch program. This is a larger percentage than in 1979-80, although the actual numbers have remained about the same, because, according to F.L. Villiard, director of food services, the program "lost a significant number of paying youngsters" when the government substidy for lunches declined. (The cost of reduced price lunches doubled--from 20¢ to 40¢, and full price lunches increased by 10¢ to 75¢ in elementary schools and to 85¢ in high schools). Mr. Villiard estimates that for each one-cent increase in lunch prices, the school lunch program loses 2% of the paying youngsters. In his opinion, some of these children are packing their lunch and some are just not eating. Karen Hatfield, Wise County Schools social worker, says, "Most of the kids I work with eat only one hot meal a day and that's at school." From our experience we believe that the majority of those children not eating at school have no food at home and cannot afford the increased lunch prices.

Even though it is harder for an adult to get food stamps now than it was four years ago (due to tightened regulations), the percentage of food stamp applications approved in Wise County rose to 95% last year compared to 79% approved in 1980. But even with the help of food stamps, Ms. Hatfield estimates that 30 to 35% of the approximately 300 families she works with have constant trouble feeding their children. However, in her opinion, this is due to a lack of nutritional knowledge: how to shop, what to buy, how to get the most nutrition for the least amount of money.

More adults are also requesting free food from community food pantries. The Big Stone Gap Ministerial Association reports a 30% increase in requests over the last two years. The Wise County Social Service Department reports a 40% increase in persons showing up for free government surplus food in March, 1984, compared to November, 1982.

And in Wise, an entire Lutheran Church was established in 1982 according to its psstor, Rev. Edwin Troutman, with its "most pressing need for service ministry being to provide food for the hungry of the area."

Rev. Troutman relates:

> Perhaps the best way for most of us to understand what hunger is like among the families in this area is to listen to what one family tells about how they live and to compare that with our own life-style. This family consists of two adults and two pre-school age children. Their need for food came as a result of the long cold spring, which required more funds for keeping warm. This family lives in an all-electric trailer, with a monthly income of $562.00 This income is in the form of food stamps and welfare payments. Both adults have been unemployed for more than five years, which means that they

> are no longer counted in the monthly employment/unemployment statistics released by the government. This family has not been out of the county in the past 10 years, as they have funds for travel. The children have never been to a fast food restaurant, and the adults have had no new clothes in the past 3 years. They are looking forward to the opening of schools in the fall as both children will attend for the first time, and will get breakfast and lunch for the first times in their lives. They do not have enough money to have 3 meals a day at home. On their visit to the Christ Lutheran Church Food Pantry they told of their monthly eating pattern. At the first of the month when funds are received they will eat a somewhat balanced diet; however during the last days of each month their diet consists of oatmeal, soup beans, and cornbread. The adults spend much of their time trying to find employment, but have found none in the past five years. There is more that could be told about this family, as they do not have most of the things families usually enjoy, but it must be pointed out that this is not an isolated family we have chosen to tell about. Almost every family that has been helped by the Christ Lutheran Church Food Pantry can tell the same story....

Listen now to the words of a widowed mother with five young children in Big Stone Gap:

> This is a very difficult time in my life--the worrying, not knowing where the next meal is coming from or where I can borrow the money to get to Wise for my WIC checks. Right now I fear losing my children, and the youngest is 10 months.
>
> I am at least grateful for school starting so that 3 of my children can receive 2 hot meals a day. God only be with us until time for my food stamps. I get $252 a month in food stamps wiich last about 3 weeks, but after 2 weeks I run out of bread, milk, cereal, butter, eggs, things like that. My WIC checks help, but I can't buy bread or butter. What I will have to do is call the church to see if they can help out again. I know that they are tired of me but I won't see my kids go hungry.

Help Empower Local People, serve an average range of 250 plus constituents per month. Through these services, we referred approximately 10 for employment, about 40 to educational needs and the remaining 200 are Social Services needs.

Social Services at this point being our large area cover such emergencies as shelter, food, medical, utilities and more. About 5.2% of all constituents served are single mothers and head of households.

The Center's goals are to empower local people to overcome this cycle of poverty and to review resources that are offered in the area for the betterment of themselves.

On October 5 of this year a local community effort was formed to help combat hunger in our area of Wise, Lee and Scott Counties. Through these efforts, we were able to bring together blacks, whites, ministers and other community people in a collective effort to secure funds for constituents in less fortunate situations.

We raised over $4,300 and funds are still coming in. These funds will only provide partial services for approximately 33 constituents in which we serve.

The following stories are examples of the poverty-stricken families that live in the Wise, Lee, and Scott Counties:

(1) A family of six thumbed and hitch-hiked 36 miles seeking food. There was a small infant needing medical attention. After making several attempts and not being able to contact anyone, the decision was made to do whatever the Center had facilities to do. Food was purchased immediately. An intensive follow-up has been done to secure the families' well-being with counseling on budgeting and Parenting classes.

(2) A young mother is threatened to loose children to the Social Services Department. She is also unable to provide adequate food for her children. Her only source of income is A.F.D.C., food stamps. After paying rent and utilities very little is left. Food often run out before the stamps arrive. The Center has been working with this family on a one-to-one basis with emphasis on budgeting and nutrition and other support areas in helping the mother to keep her children.

We could continue for months, weeks, days with such stories as this; however several recommendations come to mind. First, easier access to the WIC program, in the form of transportation and eligibility requirements. For example, in Wise County, WIC is offered through the Health Department in the town of Wise. Many women in Big Stone Gap miss appointments or are discouraged from participating altogether because they have no cars and cannot afford the $20.00 cab fare to Wise. We therefore recommend the establishment of free bus service to the Health Department or the establishment of additional WIC satellite centers throughout the counties, in places convenient to women without transportation. We would also like to see WIC extended to all women, based on income eligibility alone.

Secondly, since one of the biggest problems in our area is still a lack of jobs--(unemployment rates for June, 1985 were: Wise County, 9.6; Lee County, 13.2; Scott County, 5.8, Norton 7.1) out-of-work people eventually become hungry people--every effort should be made to attract new industry and more jobs to the area.

Thirdly, ADC recipients should receive cost of living increases similar to social security's increases. And last, the government subsidy should be increased at least for the reduced price school lunches so that those children not now eating can afford a hot meal.

NINETY-NINTH CONGRESS
MICKEY LELAND, TEXAS
CHAIRMAN
TONY P. HALL, OHIO
BOB TRAXLER, MICHIGAN
LEON E. PANETTA, CALIFORNIA
THOMAS A. DASCHLE, SOUTH DAKOTA
VIC FAZIO, CALIFORNIA
SAM GEJDENSON, CONNECTICUT
PETER H. KOSTMAYER, PENNSYLVANIA
SALA BURTON, CALIFORNIA
BYRON L. DORGAN, NORTH DAKOTA

[illegible]
CHIEF OF STAFF

TELEPHONE (202) 226-5470

U.S. House of Representatives
SELECT COMMITTEE ON HUNGER
ROOM H2-507, HOUSE OFFICE BUILDING, ANNEX NO. 2
WASHINGTON, DC 20515

MARGE ROUKEMA, NEW JERSEY
RANKING MINORITY MEMBER
BILL EMERSON, MISSOURI
SID MORRISON, WASHINGTON
BENJAMIN A. GILMAN, NEW YORK
COOPER EVANS, IOWA
ROBERT F. (BOB) SMITH, OREGON
DOUG BEREUTER, NEBRASKA

[illegible]
MINORITY STAFF DIRECTOR

TELEPHONE (202) 226-5460

APPALACHIA: RURAL WOMEN AND THE ECONOMICS OF HUNGER

GENERAL BACKGROUND INFORMATION:

Appalachia covers an area of roughly 195,000 square miles. This region is comprised of 397 counties in 13 States:

Alabama (35 Counties)
Kentucky (49 Counties)
Mississippi (20 Counties)
North Carolina (29 Counties)
Pennsylvania (52 Counties)
Tennessee (50 Counties)
West Virginia (55 Counties = Entire State)
Georgia (35 Counties)
Maryland (3 Counties)
New York (14 Counties)
Ohio (28 Counties)
South Carolina (6 Counties)
Virginia (26 Counties)

Appalachia includes several sizable cities, but is primarly a region of small towns and rural areas. Current population totals approximately 20 million.

The Applachian Regional Commission, a comprehensive program established in 1965 and charged with the promotion of economic development in the Applachian region, noted in its 1984 annual report that: "While the nation as a whole seems to have recovered from the 1982-83 recession, the Appalachian Region--particularly some areas in the central and northern part of the Region--has not recovered at all." According to data distributed by the Commission, the average **unemployment in 1984 for the region was 10.5 percent, 954,360 workers; the national rate was 7.5 percent.**

NOTE: NO OFFICIAL POVERTY, INCOME, OR PROGRAM PARTICIPATION DATA IS COMPILED COLLECTIVELY FOR THE APPALACHIA REGION. THE ATTACHED DATA REPRESENTS STATE-WIDE INFORMATION. THEREFORE, IT DOES NOT REFER EXCLUSIIVELY TO THOSE PORTIONS OF THE STATES CONSIDERED PART OF APPALACHIA.

KENTUCKY

The eastern half of the State is in the Appalachia region.

Poverty Rate:*

Total: 17.6 Percent (626,240 Persons)
Rural: 21.0 Percent (374,005 Persons)
Female Headed Households: 35 Percent (44,104 Households)

Median Family Income:*

Female Headed Households: $8,332
All Households: $16,444

Food Stamp Program Participation: 593,000 Persons**

Aid To Families With Dependent Children: 58,436 Cases
(FY'85 State Data)

Supplemental Food Program for Women, Infants and Children:

Participation: 62,000 Persons (Average Monthly, FY'85)
Potentially Eligible: 161,000 (1985 Estimate)
(State Data)

TENNESSEE

The eastern half of the State is in the Appalachia region.

Poverty:*

Total: 16.5 Percent (736,471 Persons)
Rural: 17.1 Percent (308,613 Persons)
Female Headed Households: 33.8 Percent (60,364 Households)

Median Family Income:*

Female Headed Households: $8,620
All Households: $16,564

Food Stamp Program Participation: 563,000**

Aid to Families with Dependent Children: 56,768 Cases
(FY'85 State Data)

Supplemental Food Program for Women, Infants and Children:

Participation: 61,697 Persons (June, 1985)
Potentially Eligible: 146,898 Persons (1985 Estimate)
(State Data)

VIRGINIA

The southwestern quarter of the State is in the Appalachia region.

Poverty:*

Total: 11.8 Percent (611,310 Persons)
Rural: 13.6 percent (243,411 Persons)
Female Headed Households: 29.5 Percent (58,080 Households)

Median Family Income:*

Female Headed Households: $9,929
All Households: $20,018

Food Stamp Program Participation: 398,000**

Aid To Families With Dependent Children Participation: 58,436 Cases (FY'85 State Data)

Supplemental Food Program for Women, Infants and Children:

Participation: 69,078 Persons (May, 1985)
Potentially Eligible: 155,576 Persons (1985 Estimate)
(State Data)

WEST VIRGINIA

The entire State is located in the Appalachia region.

Poverty:*

Total: 15.0 Percent (286,995 Persons)
Rural: 16.4 percent (202,154 Persons)
Female Headed Households: 30.3 Percent (18,866 Households)

Median Family Income:*

Female Headed Households: $9,032
All Households: $17,308

Food Stamp Program Participation: 284,000 Persons**

Aid To Families With Dependent Children Participation: 33,123 Cases (FY'85 State Data)

Supplemental Food Program for Women, Infants and Children:

Participation: 28,661 Persons (July, 1985)
Potentially Eligible: 95,494 Persons (1985 Estimate)
(State Data)

*U.S. Department of Commerce, Bureau of the Census (1979)
**U.S. Department of Agriculture, Food and Nutrition Service (FY'1984)

NINETY-NINTH CONGRESS
MICKEY LELAND, TEXAS
CHAIRMAN
TONY P. HALL, OHIO
BOB TRAXLER, MICHIGAN
LEON E. PANETTA, CALIFORNIA
THOMAS A. DASCHLE, SOUTH DAKOTA
VIC FAZIO, CALIFORNIA
SAM GEJDENSON, CONNECTICUT
PETER H. KOSTMAYER, PENNSYLVANIA
SALA BURTON, CALIFORNIA
BYRON L. DORGAN, NORTH DAKOTA

[illegible]
CHIEF OF STAFF

TELEPHONE [illegible]

U.S. House of Representatives
SELECT COMMITTEE ON HUNGER
ROOM H2-507, HOUSE OFFICE BUILDING, ANNEX NO. 2
WASHINGTON, DC 20515

MARGE ROUKEMA, NEW JERSEY
RANKING MINORITY MEMBER
BILL EMERSON, MISSOURI
SID MORRISON, WASHINGTON
BENJAMIN A. GILMAN, NEW YORK
COOPER EVANS, IOWA
ROBERT F. (BOB) SMITH, OREGON
DOUG BEREUTER, NEBRASKA

[illegible]
MINORITY STAFF DIRECTOR

TELEPHONE [illegible]

COUNTIES IN APPALACHIA WITH POVERTY RATES OF 25 PERCENT OR MORE

ALABAMA
Pickens

KENTUCKY
Adair
Bath
Bell
Breathitt*
Carter
Casey*
Clay*
Clinton*
Cumberland
Elliot
Estill
Harlan
Jackson*
Knott
Knox*
Lawrence
Lee*
Leslie*
Letcher
Lewis
Lincoln
McCreary*
Magoffin*
Martin
Menifee
Monroe
Morgan*
Owsley*
Powell
Rockcastle
Russell
Wayne*
Whitley
Wolfe*

GEORGIA
Union

MISSISSIPPI
Choctaw
Kemper*
Marshall
Noxubee*
Oktibbeha
Winston

NORTH CAROLINA
Madison
Swain

TENNESSEE
Claiborne
Clay
Cocke
Fentress*
Grundy
Hancock*
Morgan
Overton
Pickett
Scott

VIRGINIA
Lee

WEST VIRGINIA
Calhoun
Clay
Webster

* These counties have poverty rates of one-third or more.

** All poverty rates are from the 1980 Census, Bureau of the Census, Department of Commerce.

IMR PROGRAM
News & Notes

APPALACHIAN REGIONAL COMMISSION
1666 CONNECTICUT AVE., N.W., WASHINGTON, DC 20235

FEBRUARY 1985

ARC INFANT MORTALITY REDUCTION DEMONSTRATION PROGRAM

The Appalachian Regional Commission has developed and implemented the Infant Mortality Reduction Program which utilizes the services of community volunteers in the elimination of infant deaths.

The primary purpose of the IMR Program is to improve the health of newborn infants by accomplishing the following objectives:

- Reaching women early in their pregnancy and improving their utilization of available medical and social services at the local level
- Providing health education to reduce practices harmful to the fetus (such as smoking, the consumption of alcohol and drugs) and to improve the nutrition practices of pregnant women
- Identifying high-risk pregnant women who might deliver preterm or who are bearing an infant that is small for its gestation age
- Focusing prenatal services for high-risk women to reduce the incidence of preterm delivery and/or of delivery of low birth weight infants.

The IMR Program has been designed as a community based program. The Volunteers working in the IMR Program provide a wide variety of support services such as:

- Assistance in the distribution of prepared health service and personal health information
- Escort services to help individuals to access health and social services such as prenatal care clinics, parenting training and enrollment in social service programs
- Assistance in follow-up services to ensure high risk mothers seek prenatal and postpartum services
- Discharge planning assistance to coordinate post-delivery activities and service arrangements such as well-baby clinic attendance
- Assistance in home management such as meal planning and preparation, paying bills and shopping
- Socialization services such as encouraging family member involvement and transporting patients.

Volunteer services provide an important adjunct to existing health service activities by working directly with Program clients on an outreach home visit basis.

For additional information about the IMR Program, contact Dr. David E. Meuser at the Appalachian Regional Commission, 1666 Connecticut Avenue, N.W., Washington, DC 20235.

(Note.--Additional material submitted by the commission retained in committee files.)

Prepared Statement of Carolyn Deaton, Barwick, KY

Mr. Chairman:

My name is Carolyn Deaton. I'm 19 and I am from Barwick, Kentucky. Barwick is a rural community. It has no grocery store and no medical facilities. Residents of Barwick must go 30 miles to the nearest town for medical help and to buy groceries.

I have lived in Barwick all my life and I know how hard it is. When I was 12 I had dreams of being a lawyer. When I got to high school, it was really my junior year when I thought hard about going to college. I didn't think that I had high enough grades to get a scholarship and I didn't think that I could get enough financial aid to pay for everything that I would need in college. In my junior year when it came time to take the ACT test, I couldn't take it because I didn't have the money. There was money needed to send in with the packet, and there was money I would have needed to pay for a trip to Jackson (the county seat), and at that time my father wasn't working, so I didn't take the ACT test. I was going to go into the Army and then go through college by some of their programs, but I decided to wait until the end of the summer and see if I could get a job and save a little bit of money. Over the summer, I became involved in a video camp. It lasted for one month and there were kids from Tennessee, Kentucky, and Virginia. All but two of us were still in high school so after the camp Sue Ellison and I decided to stay on and keep working with the video. I am now temporarily living in a mining community in Tennessee.

When my father was working, I can remember when we had different things to eat and toys. When I was little I thought I was the richest little girl in the world. I had all the food I could eat and clothes, not the best in the world but nice, and my family would to to the movies and to the park and different places. But when my father got laid off from work and his unemployment ran out, we had to sign up on food stamps. From that time on, things changed. When mom went to the store she would have to buy the cheapest foods she could find. Whenever I would go to the store with my mom, I would keep telling her "mom, you're getting too much, we won t have enough money to pay for all this." Because when she went, she would get 4 2-lb sacks of flour and 1 25-lb. sack of meal, a 25-lb. bucket of lard and a 25-lb sack of soup beans. She had to get all her groceries at one time, because one trip to the store would cost $10.00 and with only food stamps coming in, you can't afford to go more than once. There was 5 children in the family and mom always kept something on the table, if it was only bread and gravy. And I can tell you that we have had bread and gravy many times for breakfast and supper. There is only one time that I can remember that we had nothing in the house except potatoes, so for 3 days we had to eat boiled potatoes or baked potatoes. And if it hadn't been for us raising a garden we wouldn't have had that. Most people in Barwick have to raise a garden to get by. Because with what food stamps they get it doesn't buy enough to last a month. When they raise a garden it doesn't usually last all winter, but with what vegetables they do raise, can or freeze, it cuts down on the amount of canned vegetables that they would ordinarily have to buy therefore they can buy different types of food such as macaroni, spaghetti and rice.

There are factors that decide how long their garden stuff will last. For instance, if the kids are home from school a lot in the winter time because the roads are impossible to travel on, then families are getting 3 hot meals a day so the garden stuff goes quicker than what it normally would. And when special occasions like Thanksgiving or Christmas rolled around we would always try to have something. Even though we didn't get any Christmas presents, we knew we would get one good meal that month because mom would always cut back somewhere so that we could have a turkey with dressing, and she would always save some home canned green beans and corn and things like that for Christmas dinner. We only have meat for about 2 weeks out of the month, but when December came, we always gave up about a weeks worth of meat for that one Christmas dinner and it was worth it.

My grandmother, Nancy Cole, organized a garden club in our community in 1975 when she was a Vista Volunteer. Today there are 75 families that benefit from the Barwick Garden Project. The project provides garden seeds, farm equipment, and fertilizers to the members.

People have left Barwick to find jobs, but when they get to the city, they find that there are no jobs. There are only jobs in the larger cities that are very far away. You have to think about the money and food and different things that you are going to need to get to these larger places. And when you live only on food stamps you just can't make it to these other parts of the country to find work. People would rather work than be on food stamps, but they just can't find jobs. Eastern Kentucky is known for coal, but in my lifetime, I can't really say that I've seen all that many jobs resulting from coal companies in Barwick. Most of the people I've seen only have part-time jobs resulting from a security system. People are guards for different places and those places don't pay enough to pay for gas and food to the job. And in the winter time, the guards get stuck on the post anywhere from 14 to 24 hours at a time.

I don't know why Appalachia is so poverty stricken, but I do know that if something isn't done and soon, it will become much worse.

PREPARED STATMENT OF WINIFRED A. PIZZANO, FEDERAL COCHAIRMAN, APPALACHIAN REGIONAL COMMISSION

I appreciate the opportunity to submit this statement for the record of proceedings on October 22, 1985, before the House Select Committee on Hunger. I commend the Members of the Committee for their interest in this issue, which is of genuine concern to us all.

I will touch first on some of the progress that has been made during the past 20 years in reducing hunger in Appalachia. I will then describe briefly the ways in which the Appalachian Regional Commission has attempted to reduce hunger in the region. Finally, I will outline a new ARC program I initiated during the past year to respond to one of the most tragic consequences of hunger and malnutrition: the increased risk of infant mortality.

The Committee is acutely aware of the difficulty of assembling accurate statistics on the extent and severity of hunger in Appalachia, or any other part of the country. Most often the problem is measured as some function of—or in conjunction with—income based poverty statistics.

For example, in 1974 the Senate Committee on Nutrition and Human Needs identified a quarter of ARC's 397 counties as "hunger" counties or "failure-to-feed" counties.

"Hunger" counties were defined as those counties in which more than 25 percent of the population was poor, but fewer than one-third of the poor received benefits from federal food programs. "Failure-to-feed" counties were those without unusually high numbers of poor residents but which nevertheless failed to provide food assistance to two-thirds or more of their poor residents.

During the past 20 years, while the poverty rate in Appalachia has been dropping, federal spending on food and nutrition programs in Appalachia has increased dramatically.

The percentage of households in Appalacnia living below the poverty level dropped from 31.2 percent in 1960, to 18.1 percent in 1970, and dropped further still to 14.0 percent in 1980. In 1960, 186 of Appalachia's 397 counties had poverty rates more than twice the national average. Twenty years later, that number had fallen to 60.

In 1960, most of the current federal food programs did not exist. By 1974, total expenditures within Appalachia for the food stamp, WIC (Women, Infants & Children), and national school lunch programs totalled roughly $400 million, or less than $21 per capita. By 1980, expenditures on those programs had risen to $56 per capita; and by 1984, to $1.6 billion, or $76 per capita. The ten-year increase, when adjusted for inflation, was from $21 per capita to $39 per capita.

While pockets of poverty still exist in parts of Appalachia, and hunger continues to be a harsh reality for some, the conclusion to be drawn from the data just cited is inescapable: significant progress has been made during the past 20 years toward the goal of reducing hunger in Appalachia.

It is important to note, however, that during the past 20 years, ARC focused only very limited resources on direct, programmatic efforts to address the issue of hunger. Instead, consistent with the clear intent of ARC's founders, the Commission worked indirectly to reduce hunger by working directly to reduce poverty.

By striving to create within Appalachia's communities a capacity to compete economically with the rest of the country, ARC sought to sow seeds of prosperity which would yield a harvest of improved education, housing, health and nutrition.

Throughout most of its history, however, ARC has administered one program which has had an unmeasured--though surely positive--impact on the nutritional development of poor people in Appalachia. Serving an average of 200,000 preschool children and their families annually, ARC's child development program from the beginning placed a strong emphasis on good nutrition as an important element in healthy child development.

Since 1970, ARC has spent nearly $180 million on this program, with 85 percent of the project funds going to rural areas with populations below 10,000. It is generally these rural areas that have the highest incidence of poverty and its attendant problems including hunger and malnutrition.

One other ARC program also deserves mention, as it has played a key role in the Commission's very limited effort to address hunger and malnutrition directly.

A critical link has long been recognized between health, hygiene, and nutrition. Where day-to-day health care was substandard, or non-existent--that is, in much of rural Appalachia 20 years ago--failing health, poor personal hygiene, and chronic malnutrition often went hand in hand.

Beginning in 1970, ARC launched a highly innovative rural primary care program often employing part-time physicians or physician extenders in areas lacking day-to-day basic health care. With ARC assistance, Appalachian communities were a part of the earliest movements to establish primary care clinics in the U.S. By 1980, 400 such clinics were operating in the Appalachian region.

For the past three years, the Commission has been operating a highly focused health program, concentrating its efforts in those counties which requested little or no ARC assistance over the years and that lacked basic primary care or had infant mortality rates 1.5 times the national average or worse.

We believe that this health program, targeted at primary care and infant mortality reduction, has had a positive impact on reducing the often tragic consequences of hunger. We know, for example, that malnutrition in pregnant mothers is one of the most common causes of prematurity. We also know that prematurity is directly linked to early infant mortality, birth defects and mental retardation.

During the past three years alone, we have provided prenatal care or related services, emphasizing good nutrition, to more than 20,000 maternity cases in 26 designated counties and assisted basic primary care for some 180,000 people in 40 of the designated counties. Our efforts have paid off, and today Appalachians enjoy a degree of health and well-being that few would have imagined possible 20 years ago. Regionwide, infant mortality has been reduced from 27.9 deaths per one thousand live births in 1963 to 11.4 in 1982.

Another program of which I am very proud and that directly affects the health and nutrition of our Region is the Infant Mortality Reduction Program (IMR). This program, which we began in 1983, utilizes the services of community volunteers in the elimination of infant deaths. The program's primary purpose is to improve the health of newborn infants by:

- Reaching women early in their pregnancy and improving their utilization of available medical and social services at the local level;
- Providing health education to reduce practices harmful to the fetus (such as smoking, the consumption of alcohol and drugs) and to imrpvoe the nutrition practices of pregnant women;
- Identifying high-risk pregnant women who might deliver preterm or who are bearing an infant that is small for its gestation age; and
- Focusing prenatal services for high-risk women to reduce the incidence of preterm delivery and/or of delivery of low birth weight infants.

This program is, first and foremost, a community-based program. It uses volunteers to provide a wide variety of support services such as:

- Assistance in the distribution of prepared health service and personal health information;
- Escort services to help individuals access health and social services such as prenatal care clinics, parenting training and enrollment in social service programs;
- Assistance to follow up services to ensure that high risk mothers seek prenatal and postpartum services.
- Discharge planning assistance to coordinate post-delivery activities and service arrangements such as well-baby clinic attendance;and shopping; and
- Socialization services such as encouraging family member involvement and transporting patients.

As you can see, improved nutrition is a major component of this program, and it is making a significant contribution to the general health of both mothers and infants involved in this project. It is my belief that volunteer efforts, similar to this one, can be a critical element in improving needed services throughout the Appalachian region.

The progress made in the fight against hunger and malnutrition in Appalachia has been encouraging. By all measures--economic, social, physical, educational--the people of Appalachia are much better off today than they were 20 years ago. This is not to say, however, that hunger no longer exists in Appalachia--it does. But it is no longer as pervasive--as measured by disease and rates of infant mortality--as it was 20 years ago.

The Appalachian Regional Commission is primarily an economic development agency, and perhaps its most enduring contribution to reducing hunger and malnutrition has been to create conditions conducive to economic growth in the region.

My hope is that a combination of stronger local institutions, expanded job opportunities and a continuing commitment to human resource development will help further reduce hunger in Appalachia in the years ahead.

Thank you.

THE POSSIBLE EFFECTS OF NUTRITIONAL STATUS AND GROWTH OF CHILDREN ON THE ECONOMIC POTENTIAL OF WEST VIRGINIA

Barbara K. Garland, Ph.D.
Department of Community Medicine
West Virginia University School of Medicine
Morgantown, West Virginia 26506

October 1985

Copyright C 1985 by Barbara K. Garland.

AUTHOR

Barbara K. Garland is an Assistant Professor in the Department of Community Medicine, West Virginia School of Medicine, West Virginia University at Morgantown. She has had formal training in both nutrition (BS, MS) and epidemiology (MPH, Ph.D.) and as a nutritional epidemiologist is currently engaged in research on the growth and development of children. Dr. Garland has been professionally involved in the food and nutrition problems of Appalachian children for the past twenty years while working in Kentucky, North Carolina and West Virginia.

TABLE OF CONTENTS

Page

List of Tables.. iii

List of Figures.. iv

Acknowledgments.. v

Executive Summary.. vi

I Introduction: Economic Potential and Nutrition........... 1

II Unmet Nutritional Needs in West Virginia.................. 3

III Effects of Malnutrition on the Health of Children......... 18

IV Possible Effects on Economic Potential.................... 23

V Conclusion and Recommendations............................ 27

References.. 30

LIST OF TABLES

Page

Table 1: Neonatal intensive Care Unit Infants, July 1983 - December 31, 1984.......... 10

Table 2: Infant, Neonatal and Postneonatal Mortality Rates for West Virginia and United States.................................. 12

LIST OF FIGURES

Page

Figure 1: Percent of Low Birthweight Infants Born in West Virginia and United States......... 9

Figure 2: Neonatal and Postneonatal Death Rates in West Virginia, 1971-1983..................... 13

Figure 3: Mean Heights - Boys................................ 15

Figure 4: Mean Heights - Girls............................... 16

ACKNOWLEDGEMENTS

I would like to thank Dr. R. John C. Pearson, Dr. Phillip J. Murray, Dr. David S. Hall, Mr. William Wyant, Dr. William Collins, Mrs. Dorothy Schusterman, Mrs. Ngaire Van Eck and Mrs. Sharon Goodman for their suggestions during the preparation of this manuscript. A special thanks to Ms. Naomi Cassi for her forbearance during its revision.

EXECUTIVE SUMMARY

The economic potential of a society is dependent on the health and vitality of its population. In turn the health and wellbeing of a people is directly dependent on the quality and quanity of food available to each individual. Government, business, labor and education leaders in West Virginia are currently involved in a concerted effort to spur the economic development of the State. Whatever steps are taken in the short term to achieve these ends, the long term view must also be considered especially as it pertains to the development of a vital, educated and employable workforce.

I. EVIDENCE OF NUTRITIONAL NEED IN WEST VIRGINIA.

A. THE FOOD STAMP PROGRAM.

- Currently, 93,000 of the State's 686,300 families or 14% participate in the Food Stamp Program; it is estimated that 164,700 or 24% may be eligible for this program.
- The allowance for Food Stamp amounts to only $1.61 per person per day.
- Food stamps are intended as a supplemental food source but in fact they are the entire food source for most of the recipients.

B. FOOD BANKS.

- They exist to help meet the emergency food needs of households. Food is donated by the food industry and the United States Department of Agriculture Surplus Food Programs.
- Most of the available food consists of butter and cheese, high in fat and cholesterol.

C. THE WOMEN, INFANT AND CHILDREN SUPPLEMENTAL FOOD PROGRAM (WIC).

- This program was developed nationally to prevent low birthweight infants and ensure the growth and development of infants and young children through the provision of foods of high nutritional value.

- Demonstrable results have been shown nationally, but in West Virginia the program is serving less than 30% of those eligible.

D. LOW BIRTHWEIGHT.

- Low birthweight is assocated with the nutritional status of the mother prior to and during pregnancy.
- There has been very little improvement in low birthweight rate over the last decade.
- Low birthweight and short gestation continutes to be the fourth leading cause of death.
- Saving the low birthweight infant is very costly to the State of West Virginia.

E. INFANT MORTALITY RATES.

- Low birthweight infants die at 30 times the rate of the normal birthweight infants.
- West Virginia's white infant mortality rate has consistently been among the three highest in the United States.
- The postneonatal mortality rate in West Virginia is highest in the nation.

F. HEIGHTS OF CHILDREN AT SCHOOL ENTRY.

- Ill fed children tend to be of short stature.
- In a West Virginia county (which ranks among the top 20% per capita income) it was found that the children were shorter than accepted standards.

G. UNEMPLOYMENT RATES.

- Unemployment continues to be a problem in West Virginia.
- As unemployment rises so does the mortality rate not only for workers but for their wives and children.
- West Virginia has the highest proportional costs for Worker's Compensation in the country.

II. THE EFFECTS OF MALNUTRITION ON THE HEALTH OF CHILDREN.

- Low birthweight and infant mortality are among the early consequences of malnutrition.
- Shortened stature and light weight is a demonstrable effect of under nutrition.
- There is a symbiotic effect between nutrition and infection in that as nutrition status decreases, susceptability to infection increases.
- There is a causal relationship between malnutriton and decreased mental capacity.
- Studies show that malnutrition is associated with lifelong response to stress.

III THE EXPERIENCE OF OTHER STATES, NATIONS.

A. MAINE AND VERMONT.

- Infant mortality rates have been substantially lower than West Virginia's in states with similar demographics where increased aid to families has been provided.

B. MASSACHUSETTS.

- Although Massachusetts experienced high unemployment and economic devastation over the last three decades, aid to families in need remained relatively high.
- Currently Massachusetts has the lowest unemployment rate in the

country and one of the highest per capita income rates in the country.

C. JAPAN

- Japan instituted a national nutrition policy aimed at increasing the size and performance of its population.
- Japanese youngesters now approximate the size of westerners. Japan has become an economic world power based on its technological advances.

D. COLUMBIA.

- A national nutrition policy was instiuted in Columbia in order to produce an educable population. Most industrialized countries and many of those developing have instituted such policies.

E. SCANDANAVIA.

- Scandanavia's willingness and ability to ensure a relatively high standard of living for all of its population has been rewarded by the worlds lowest infant mortality rates.
- Sweden is the only country where a generation has achieved full growth potential.

IV CONCLUSIONS.

- There is no justification for anyone to be a nutritional risk in this society. Resources exist at the state and national level to allievate the situation; they need only be judiciously applied.
- Ill born children do not survive and ill-fed children do not fully develop physically, mentally or emotionally.
- A population that is uneducable at the level of todays high tech society is and will be employably only at the lowest skill levels. West Virginia cannot afford the costs currently being incurred as a

result of inadequate and improper feeding of its population. The cost of saving a single low birthweight infant is only the beginning -lifelong custodial care for those severely impaired is upwards of $350,000 per child and special education and health care costs another $123,000 for each child needing such services. Additionally, decreases in the lifetime earnings of the undereducated and increased disability costs must be considered along with other dollar costs and costs in social and personal realms.

V. RECOMMENDATIONS.

A. That there be a panel of West Virginia's leaders in government, education, business and labor convened to further explore this issue and make recommendations as to how these groups might best combine forces to ensure a well fed, and thus productive and viable population in West Virginia.

B. That a statewide nutrition and health survey be conducted to assess the present nutritional status of West Virginia's population.

C. That a monitoring and surveillance system be put in place to ascertain the nuitritional wellbeing and growth status of West Virginia's children on a continuing basis. Mandated statewide nutrition screening of children at school entry would be a beginning, although it will be already too late at that point to fully restore those found to have been deprived during the preschool years.

D. Appoint a single well placed individual within state government whose business it is to oversee the nutritional wellbeing of West Virginia's children.

x

I. INTRODUCTION: ECONOMIC POTENTIAL AND NUTRITION.

It has long been obvious that the relative wellbeing of a population depends on the socioeconomic development of the society in which its members live. Less attention has been given to the extent to which the converse is true: the economic attainment of a society is dependent on the health and vitality of the population. Nor has there been adequate note taken of the evidence that a group's overall health is attributable to its nutritional status and the quality of diet. This paper will look at available indications of unmet nutritional needs in West Virginia, the expected effects on the health of the state's children and possible effects on economic potential.

Questions about the existence of hunger or the adequacy of diet and their effects on the growth and development of children in a society are usually humanitarian inquiries. Perhaps they are also relevant in the sphere of economics in terms of enlightened self interest, particularly if a healthy and educable workforce is among the society's goals.

Nutritional status as a factor in economic development has been recognized. When after their crushing defeat in WW II, and several years of enduring a devastated post-war economy, the Japanese resolved to enter the economic sphere as a world power, one of the first steps taken was to institute a national nutrition policy aimed at ensuring the growth and development of the rising generation. This occurred at a time when the full effects of poor feeding were barely guessed at; the object was to increase physical size, at least partly as a matter of national pride. Since that time Japanese youngsters have approximated those of the West in size, and we are acutely aware of Japan's progress in the technological world. Could their intellectual and economic strengths also be, in part, attributed to the deliberate decision to develop a more nutritionally sound population?

Honigmann (1), a leading anthropologist, some years ago attributed the northwest American Indian tribes' accumulation of wealth and their highly developed civilization to the availability of high quality protein in the form of fish from the Pacific. Tanner (2) and others in child development equate physical growth with nutritional status. Nutrition then can be viewed as determining not only the child's health but in turn the nation's health and subsequent well being.

A number of countries, including those in developing areas such as Columbia and the Dominican Republic, have instituted national nutrition policies with the intention of producing a physically fit, intellectually viable and therefore more educable workforce. Most western industrialized countries, recognizing that nutritional deficiences had rendered an unacceptable percentage of military recruits unfit for service, have had such policies for some time. Similar high rejection rates for recruits during the last half century in the United States have also occurred. We in the United States, however, have been reluctant to declare a full scale effort for remedying nutritional deficiences among our population although some effort has been made.

The earliest attempt was the school lunch program which was originally launched in response to the high rejection rates for draftees and is still the most widely accepted public endeavor to enhance nutritional status. Unfortunately, even this program has suffered retrenchment in recent years. Additionally, there are data indicating that by school age it may be too late to effectively correct the physical, mental and emotional effects of poor nutrition.

Public sentiment seems to contend that in the world's leading food producing country, food is available to all. But in truth this has never been so. Food is, and has been, available to those who can pay for it. Nutrition surveys undertaken in the late sixties and early seventies, including the Ten State Nutrition Survey (3) and the United States Health and Nutrition Evaluation Survey (4), documented food and nutrition problems, particularly among the more vulnerable of the poor -- pregnant women, infants and young children. These data seem to have been forgotten, or perhaps it is believed that government food programs and the expanding economy of the early seventies were sufficient to solve the problem. Instead, the high unemployment and domestic spending policies of the past few years, including cut-backs in government food programs, would seem to have eliminated any gains made during the prior twenty years. Now we are asking not only whether the American diet is nutritionally sound; but once again, is there hunger in the United States? In West Virginia? The answer to both questions seems to be yes (5, 6). For those of us particularly interested in West Virginia, the latter question is of great concern.

II. UNMET NUTRITIONAL NEEDS IN WEST VIRGINIA.

What evidence is there that some West Virginians are in need of additional food, despite food stamps and other related programs? What evidence is there that diets in West Virginia are too often inadequate to maintain health? And if there is evidence, what relevance would that have for the state's desire and need to attain its economic goals? Unfortunately there is not adequate data available on the dietary intake, nutritional status or the physical development of West Virginia's population. Inferences can only be drawn from secondary data sources such as food distribution programs and vital statistics records. Let us examine some information currently at hand.

1. The Food Stamp Program: Currently, 93,000 of the state's approximately 686,300 families (or 14 percent) are on the Food Stamp Program, although it is estimated that 24% or 164,700 of West Virginia households may actually be eligible for food stamps.

In a study conducted in Eastern Kentucky (9), it was found that those who were eligble for, but not participating in, the Food Stamp Program consisted of families who either out of pride or fear were reluctant to deal with local social service offices.

Over the last three years, $15 million worth of food stamps were distributed each year in West Virginia. Food stamp families average 2.85 members, about the same as the average members per household for the United States. The average United States monthly expenditure per family for food at the grocery store is $262 (7), not including food purchased elsewhere such as in restaurants or from vending machines. The average monthly food stamp allotment per family in West Virginia is $138 or 53 percent of the United States average expenditure. The food stamp allowance amounts to $48 per person per month or $1.61 per person per day (8). Inflation decreases the value of even this amount monthly.

Although food stamps are now provided without a cash contribution on the part of the recipient, the food stamps allocated are only intended as a suppplement to the household's food supply. Given the lack of other funds, however, foods purchased with food stamps do not supplement the food source; they are the food source.

2. Food Banks: Food banks help meet the emergency needs of many households that are not eligible for food stamps or whose allotment does not last the month. These are privately organized and funded food depots which receive food from both the USDA's Surplus Food Program and from the food industry.

Privately donated food is food that is wholesome but not up to company standards in some way, or food that is about to pass its expiration date. Both the government surplus and the industry donations consist of whatever is not wanted or deemed quite fit for sale. It is not possible to forge a balanced diet from the food provided. The food banks are not in the nutrition business, either in terms of quantity or quality; their aim is to alleviate hunger as best they can with what they have.

Approximately 1,000 tons of privately donated food passed through the central food bank for West Virginia at Gassaway this past year (10). In addition, surplus food distributed through local food banks and county offices totaled 8,300 tons. While cornmeal, flour, rice, dried milk and honey were provided (11), most of the available food (5,750 tons) was cheese and butter no longer wanted by a weight and cholesterol-minded American public.

Those receiving assistance from food banks are:

a. Young families with unemployed heads of households.

b. Young single mothers or grandmothers who have assumed responsibility for their families.

c. Unemployed older workers with families.

d. "Senior Citizens" - a group who are most often referred by community agencies and who tend to participate reluctantly.

e. "The regulars" - those relatively few families who represent multigenerational welfare families who have perennial need (12).

Women of childbearing age and young children tend to be disproportionally represented in households seeking food aid. Although it makes no sense that any individual does without sufficient food in a country which consistently produces more than it can use, it is the fetus, infant, and young child who are most vulnerable to the effects of undernutrition or malnutrition. These are the people that society can least afford to have malnourished, as they represent the future stock of the country and will have a lasting effect upon society's aspirations for economic development. Losses of potential due to malnutrition in pregnancy, infancy or early childhood are never fully recouped.

Furthermore, West Virginia has one of the three highest heart disease mortality rates in the nation (13). The preponderance of studies has shown that low socioeconomic status is associated with high rates of heart disease, and recent evidence suggests that high fat diets in childhood may lead to obesity and early heart disease (14, 15). While preventing outright starvation, the high proportion of animal fat in the surplus food may be contributing to the excessive death rate of West Virginia's adult population.

3. The Women, Infant and Children Supplemental Food Program: (WIC): Women who have themselves been nutritionally deprived or who fail to gain an adequate amount of weight during pregnancy tend to deliver low birthweight infants (2500 grams - 5.5 pounds - or less). Failure to gain weight adequately during pregnancy may be due to gestational complications, insufficient caloric intake, or tobacco or alcohol use. Low birthweight infants are at about a thirty-fold increased risk of dying and have nearly a hundred percent chance of experiencing problems in growth and development. The WIC program represents a national effort to provide quality foods to infants, young children and pregnant women at nutritional risk. Aimed at

preventing low birthweight infants and ensuring the growth and development of infants and young children, it provides a.means of making available adequate calories and essential nutrients commonly lacking in the diets of many disadvantaged women and children.

Evaluations of the WIC program show that WIC has been effective in improving the outcome of pregnancy (16). Studies have shown a 21-33 percent decrease in low birthweight incidence among those participating in the program. Mean birthweights for WIC infants were up to 60 grams higher than for non WIC infants; and those women who participated in the program seven months or longer produced the largest infants.

In a recent study where women remained in the WIC program between pregnancies, the gain in mean birthweight was 160 grams for the second pregnancy. Corroborating evidence for the benefits of the WIC program come from studies showing that both in the United States and in other countries, women receiving supplemental foods from other sources also experience a decline in the low birthweight rate (16).

Despite its ten year existence nationwide, this nutritional intervention program has not been as effective in West Virginia. Due in part to the unwieldiness of the program and the inability of the State to respond to early program initiatives, WIC did not become available statewide until October 1984, and presently serves only 28 to 30 percent of those West Virginians eligible under program criteria (17). Because of WIC budget constraints, the state program must rely on year-end unspent funds from other states to improve its distribution rate.

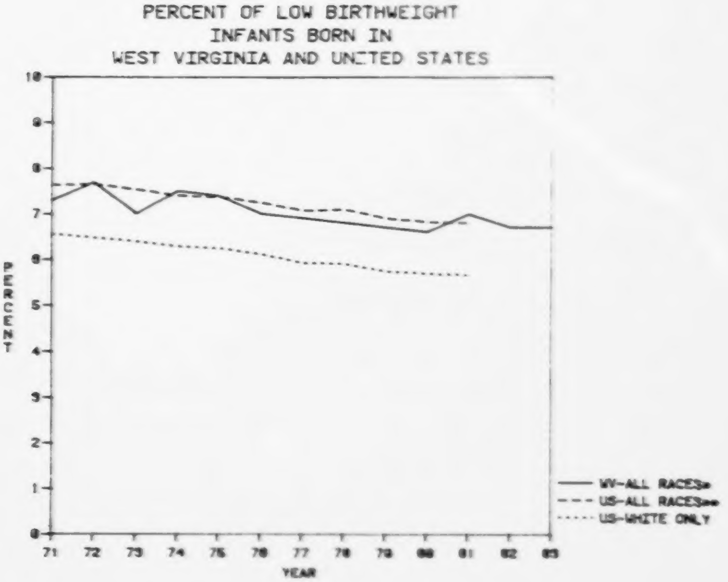
The concerted effort to improve low birthweight rates, state and nationwide, has resulted in much of the WIC food being furnished going to pregnant women rather than to infants and young children. The lack of resources for supplementing the diets of infants and children is particularly acute in West Virginia where the WIC program falls so far short of need. Further, given the effect of improved nutrition during pregnancy a WIC program serving only a small percentage of the eligible population can not be expected to have a substantial effect on the low birthweight.

4. Low Birthweight: The nutritional status of the mother prior to conception coupled with adequate nutrition and weight gain during pregnancy are among the most important factors in determining the birthweight of the infant (16). Both nationally and in West Virginia the improvement in the low birthweight rate over the past decade has been barely perceptable: from 7.6% in 1971 to 6.8% in 1981 for the United States and from 7.3% in 1971 to 6.7% in 1983 for West Virginia (Figure 1). Low birthweight and short gestation continue to be the fourth leading cause of death during the first year of life with most of these deaths occurring within 72 hours of birth.

As a result of the increased capability of saving the low birthweight infant through the provision of intensive care at birth, the neonatal death rate in West Virginia has fallen dramatically (from 17.0 in 1972 to 7.2 in 1982).

Saving the low birthweight infant is a costly enterprise. Basic hospitalization of an infant in intensive care costs $380 a day at one West Virginia medical center. Special services and physicians fees are additional. (Table 1) Recently, in West Virginia, $291,174 was spent on a single low birthweight infant (18).

FIGURE 1



*95.8% WHITE

**75% WHITE

TABLE 1

NEONATAL INTENSIVE CARE UNIT INFANTS
July 1983 - December 31, 1984

	#	Total Hospital Cost	Average Per Infant
<1000 Gms.	34	$1,424,130	$41,890
1000-1499 Gms.	64	1,699,320+	26,550
1500-1999 Gms.	75	1,139,890	15,200
2000-2499 Gms.	66	873,650	13,240

Pearson, 1985 (18)

5. Infant Mortality Rates: The customary way of judging a community's ability to provide for the wellbeing of its members is to examine the infant morality rates. Although these rates serve less well as they drop from hundreds of deaths per thousand to ten or below, they do reflect the general health of the most vulnerable segments of the population and thus serve as an indicator of the health of the larger group.

The overall infant death rate for the United States is relatively high; seventeenth among the industrialized nations. Nonwhite infants die at twice the rate of white infants. Comparisons between the United States and two countries having low infant death rates, (Norway and Sweden) indicate that the low birthweight rates account for the differences in infant mortality in the two countries. When only whites are considered, the United States infants are still at higher risk.

In 1982, the last year for which final figures are available from both

West Virginia and United States, West Virginia's overall infant mortality rate appears to compare favorably with the rest of the country; 11.5 to 11.4 per thousand infants born, respectively (19).

However, it should be noted that nonwhite births in the United States population comprise 25 percent of the total, and nonwhites have almost twice the infant mortality rate of the white group. In West Virgnia, only 4.4 percent of the births are to nonwhite mothers. This means that comparisons between United States and West Virginia rates can be misleading unless rates are compared separately for the white and nonwhite populations. Because of the low percentages of nonwhites, the numbers tend to be small, with the nonwhite rate fluctuating drastically from year to year. To increase the reliability of the data, average rates for the last three years for which there are final figures need to be used. In West Virginia this would be 1981, 82 and 83. During these three years, 77,948 white and 3,557 nonwhite were born. There were 895 infant deaths among whites, for a three year average mortality rate of 11.6 per thousand live births and 60 infant deaths among nonwhites for a three year rate of 16.9 (20, 21, 22). The United States rate for 1982, the last year a final report is available, was 10.1 for white infants and 17.3 for all nonwhites, (see Table 2) and 19.6 for blacks considered alone.

Table 2

INFANT, NEONATAL, AND POSTNEONATAL MORTALITY RATES FOR WEST VIRGINIA AND UNITED STATES

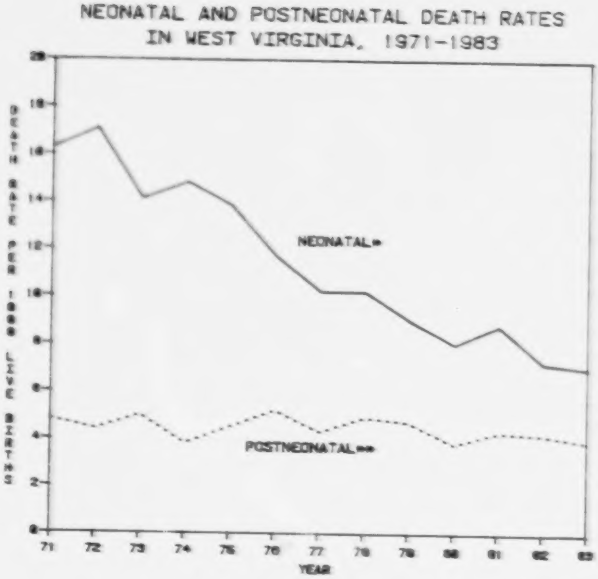
	Infant Mortality (under 1 yr)	Neonatal (<28 days)	Postneonatal (28 days-1 yr)
West Virginia, 1981-1983 Average			
White	11.6	7.5	4.0
Nonwhite	16.9	11.5	5.3
U.S. 1982			
White	10.1	6.8	3.3
Nonwhite	17.3	11.3	6.0

NCHS Monthly Vital Statistics Report (23,24)

West Virginia has one of the highest white infant mortality rates in the country. Three out of every 2,000 white West Virginia deaths during the first year of life can be attributed to simply having been born to residents of West Virginia. Nonwhite infants, on the other hand, had a slightly better chance of survival for having been born in West Virginia as compared to the United States overall.

To clarify the situation further, the infant morality rate is separated into the neonatal mortality rate (from birth through twenty-eight days) and the postneonatal rate (from twenty-eight days to one year). The average 1981-83 neonatal mortality rate in West Virginia for whites was 7.5 per thousand live births and 11.5 for nonwhites. The larger discrepancy between the two neonatal rates is generally attributed to the tendency for black women to have lower birthweight infants. Whether this tendency is due to inherent racial factors or to the decreased level of prenatal care, (including less nutritional support) has not been conclusively shown.

FIGURE 2



*UNDER 28 DAYS

**28 DAYS TO 1 YEAR

The postneonatal mortality rate tends to reflect socioeconomic factors including the nutrition of the infant. Currently West Virginia's postneonatal mortality rate is among the highest in the country at 4.0 for whites and 5.3 for nonwhites (23, 24). This rate has also shown little sign of decreasing over the last decade (Figure 2).

6. Heights of Children at School Entry: The most often used and most widely accepted measures of growth are height, weight, or height/weight indexes. Of these, height is considered the most sensitive and most reliable indicator of the long term effects of environment on growth of young children (25). Height provides an easily measured index of skeletal growth and maturation. Data are currently available from a study of the heights and weights of Monongalia children at school entry in 1983. This group of children failed to reach mean heights on either the Harvard Growth Standards (26) or the National Academy of Science Recommended Standards (NCHS)* (27). (Figures 3 and 4) Monongalia ranks among the top eight West Virginia counties in per capita income and yet children at school entry still fall (28) below national standards in height.

The Harvard standards are based on a long term study of several hundred children in Boston during the late 1930s and the 1940s. They are most often used to denote the more optimal size-for-age. The NCHS standards are based on more recent national cross-sectional studies and give an estimate of size-for-age of a more mixed population. Both of these measures are used to determine the extent to which children are meeting expected size-for-age. In any discussion of heights or weights of children it should be noted that within any population group there is considerable variation in size-for-age among individual children. These differences are to be expected in

FIGURE 3

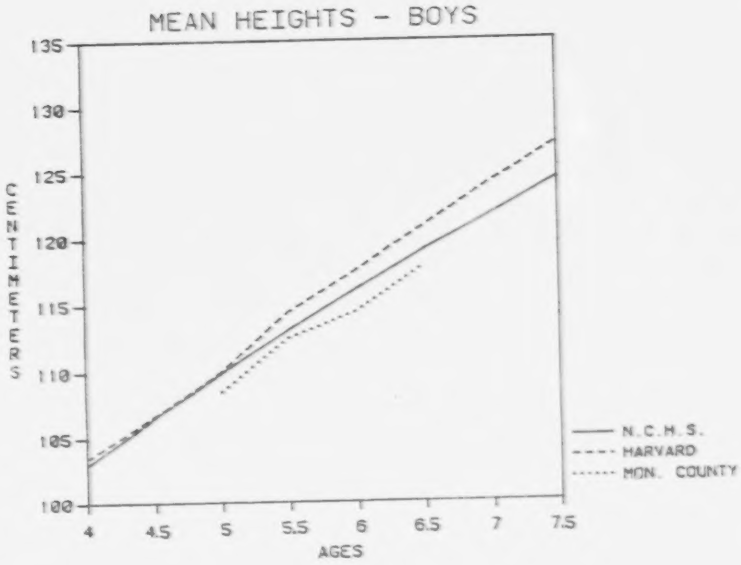
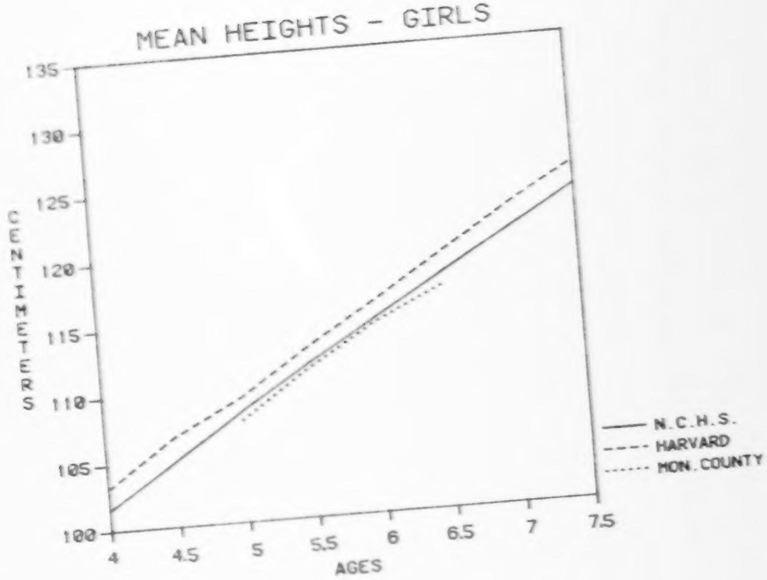

MEAN HEIGHTS - BOYS
CENTIMETERS
135
130
125
120
115
110
105
100
4
4.5
5
5.5
6
6.5
7
7.5
AGES
N.C.H.S.
HARVARD
MON. COUNTY

FIGURE 4


MEAN HEIGHTS - GIRLS
CENTIMETERS
135
130
125
120
115
110
105
100
4
4.5
5
5.5
6
6.5
7
7.5
AGES
N.C.H.S.
HARVARD
MON.COUNTY

the height-for-age within any group of preschool children. Although genetic factors influence adult height they are not expressed until puberty. The criteria for judging an individual child's growth status involve serial measurements to determine velocity and change over time.

If, however. the average height for an entire population is depressed, it means that there are more than the expected number of short-for-age children in the group. This is true of the NCHS children as compared to the Harvard children and it is also true of the Monongalia County Children as compared to the NCHS and the Harvard children. That the parents of the shorter children are also short is most likely to be a reflection of the parents early environment rather than genetics, and is believed due to their nutrition (as shown in postwar Japan and almost every other society studied).

7. Unemployment Rates: West Virginia has had and continues to have the highest unemployment rate in the United States; currently greater than 11 percent. Financial difficulties are not the only consequence of unemployment for families. Brenner's (29) work showed that as unemployment rose not only did mortality among the unemployed themselves rise within two years of the job loss, but wives and children, including infants, also died at increased rates.

It should be noted that Brenner's studies are based on ecologic data on employment and mortality for entire populations. Studies which examine relationships between variables directly effecting individuals and their

---

*National Center for Health Statistics, Pre-school Nutrition Survey and Fels Institute Data.

risk of early death indicate (30) that it is not the unemployment itself but rather the myriad of unfavorable consequences of being out of work that account for the increased mortality rates. The unemployed and their families are more likely to be less well sheltered, fed or provided with the amenities which serve to insure good physical or psychological health.

III EFFECTS OF MALNUTRITION ON THE HEALTH OF CHILDREN.

Many of the effects of undernutrition on the growth and development of children have been well established. The questions remaining pertain to the extent of the damage and the degree to which it is reversible or affected by other environmental factors.

The most obvious effect of undernutrition or of malnutrition is the delay or stoppage of physical growth. But it may also jeopardize intellectual and emotional development (31,32).

Two distinct effects of prenatal undernutrition have been noted. The fetus deprived of adequate nutrients early on or consistently throughout pregnancy will be proportionately smaller, with the brain deprived to the same extent as other organs. Secondly, if deprivation occurs late in pregnancy when brain cell division is at its peak, growth failure will be disproportional. As the system tries to protect the developing brain, the head will grow out of proportion to the body, producing an infant with a notably large head and small torso. Both groups of infants are of lower than usual birthweight and are apt to exhibit other signs of distress. These children can be identified with relative ease and measures can be taken to prevent further deprivation and foster wellbeing. Significantly, in West Virginia there is no systematic follow-up of the approximately 1,700 low birthweight infants (over six percent of the total) born each year (33).

The certifiably low birthweight infants, however, may represent only the most obviously impaired. Some of those having birthweights over 2,500 grams (five and one-half pounds) also may have failed to reach full potential in terms of birthweight. If they had had an optimum prenatal environment they may have developed even more fully.

In addition to those endangered before birth, there are those children who are of adequate size at birth but who, as a result of inadequate nourishment and other environmental stresses such as recurrent infections, fail to maintain growth either in terms of absolute size-for-age or in velocity. While the chief nutritional factors involved are high quality proteins, calcium, iron and vitamin A, all of the essential nutrients play a role, as does total calories. As a general rule, the higher the caloric intake, the better the chances are that the diet will contain adequate nutrients. In the presence of inadequate calories, the protein intended to support growth will be converted to glucose to be used for energy. Surveys have shown that in most of the United States, even among low income families, the protein intake of the children tends to be relatively high but this is not the case for other nutrients needed for growth, particularly iron, calcium, vitamin A, and total calories (3, 4, 34).

As caloric intake ceases to meet physiologic need, bone growth is slowed, and bone tissue becomes less dense and develops fissures. As available protein decreases, bone growth stops, bone thinning continues, and the reduced height of the child becomes pronounced. Wasting of muscle and other soft tissues accompanies this process, but below average weight may also reflect an acute illness episode or more recent dietary history (35, 36). For this reason weight alone is not a satisfactory guage of long term nutritional state.

Shortened stature and lighter weight are the most easily discerned consequences of an inadequate food intake. If they were the only effects, they might not be of particular concern; small size in itself may not be a disadvantage. Short stature reflecting a weakened skeletal structure, however, is another matter. Further, malnutrition of the infant and young child has been associated with increased susceptibility to infectious diseases as well as decreased mental capacity and exaggerated response to stress (37-51). The interaction between infection and malnutrition has been long suspected, but only in the last twenty years past has it been clearly documented (37, 38). As nutritional status is impaired, particularly in respect to Vitamins A and C and to protein, the immune system becomes compromised and resistance to infection decreases. Further limitation of food intake during illness results in increased susceptibility, and a downward spiral is put in motion which contributes not only to growth retardation but can also result in death, especially among infants and young children. An excess of deaths from infectious disease among this group may be taken as an indication of poor nutritional status, even though poor nutritional status is not listed as a cause of death.

The deleterious mental and emotional effects of inadequate nutrition in young children have been delineated over the last fifteen years. Winick demonstrated through autopsy studies that compared with well fed children, children malnourished before the age of eight months develop fewer brain cells and children malnourished after the age of eight months have smaller brain cells (39). This is significant because brain cells (as other cells) are developing at their greatest rate just before and for the first few months after birth. Eighty percent of brain cell growth is achieved by the age of three, ninety percent by the age of four. Decreased brain cell number and size are also correlated with decreased head circumferences in children under three, providing another measure of the effects of nutritional deprivation (40).

Animal studies indicate that severe early malnutrition is also associated with altered brain wave patterns and a delay in maturation in electrical activity (41-43). This has been seen in children convalescing from protein-calorie malnutrition who display abnormal gait and tremors (44). A study of army recruits in Holland points out that damage to the central nervous system was the most pronounced lasting effect of undernutrition prior to birth (45).

Neurological aberrations may not be the only behavioral consequences of malnutrition in the young. Animal studies have shown that among those poorly nourished during early life there is a tendency toward exaggerated emotional responses that persist into adulthood as a result of permanent damage to the adrenal glands (46-50). A recent study indicates that this is also true for children (51).

Numerous studies have shown that malnourished children have lower scores on standardized psychological tests and poorer school performance (52-58). This association can be demonstrated even after accounting for the effects of other socioeconomic factors. Those children malnourished prior to the cessation of brain cell division appear to be permanently affected, while those experiencing malnutrition after that time improve in test performance and learning ability as their condition improves.

There is an aspect of these effects which is both hopeful and discouraging. If young children experiencing malnutrition are placed in stimulating environments, fed well, and protected from further stress, they tend, after some years, to perform at normal or near normal levels on standard IQ tests. If these children are left in non-stimulating environments, no improvement is shown (59, 60). The extent to which deficits in intellectual ability may be overcome through later environmental changes is not clear. Could these same chldren have exceeded the norms under more favorable circumstances? It is known that, despite accelerated catch-up growth in height and weight, full physical growth potential is not attained (31, 61).

Nutritional deprivation manifests itself throughout a lifetime. An example of the continuing effect may be seen in skeletal abnormalities in adulthood. Women who have not developed a pelvic structure sufficiently large to allow the fetus to attain full potential size, further contribute to the low birthweight problem by constraining the growth of the fetus. Additional effects on the skeleton may be displayed in the form of increased fragility. One problem more often experienced by women than men is the development of osteoporosis in later life. This disease is not only disabling but accounts for a substantial number of deaths each year in the United States as a result of complications from falls and fractures.

Other skeletal disorders which may be associated with underlying skeletal fragility, low back injury for instance, account for numerous visits to physicians and great cost in medical care and work time lost each year in the United States. According to the National Foundation for Workers Compensation, West Virginia ranked highest in worker's compensation with a cost of $399 per employee in 1982. The United States average was $180 (62). This ranking is corroborated by data from the Social Security

Administration (63) which cites West Virginia as having the highest prevalence rate for work related disability in the country. In this study, the southern states including Arkansas, Georgia, Mississippi and Kentucky as well as West Virginia had the highest disability rates. This is also the area of the country that is shown in health and nutrition surveys to have the poorest dietary intakes and most nutrition related health problems (3, 4, 64).

A recent editorial in the West Virginia Medical Journal (65) on workers' compensation costs calls for medicine, labor and business to come together and work toward "legitimate solutions and appropriate legislation which could alleviate this intolerable situation." What should the nature of this legislation be? Is the answer primarily in correcting purported abuses in the system or is it in improving the health of the worker and thus preventing the injuries? How many of the present injuries are fully attributable to the nature of the work engaged in? How many, at least in part, reflect the longterm effects of an inadequate skeletal structure?

The answers to these questions can, at this stage of scientific knowledge, only be guessed at. What is clear, however, is that nutritional wellbeing in terms of both quantity and quality of foods consumed is directly related to the health of individuals and thus to that of the total population.

IV. POSSIBLE EFFECTS ON ECONOMIC POTENTIAL.

As resources dwindle distribution of food within not only the community, but also within the household becomes difficult. Those individuals upon whom the survival of the family depends, or in whom the hopes of the family for the future have been placed would seem to be the beneficiaries. Who the preferred individual is, may differ among cultures and subcultures. Studies (64-66) have shown that while many children of both genders fail to reach expected height and weight, growth failure tends to occur at a higher rate among preschool girls than among boys. Hepner, a pediatrician at the University of Maryland in Baltimore claimed that among the urban black population of Baltimore the most likely candidate for failure to thrive or growth failure would be the male infant or young boy (67). In white populations, including Appalachia, it appears that the female child is in greatest need of protection from nutritional deprivation.

White women along the Appalachian chain (between northeastern Pennsylvaina and southern West Virginia) have the highest mortality rates for white females in the United States (68). How much the apparent early deprivation of female children effects subsequent development, and may account for increased untoward outcomes of pregnancy or contribute to the early mortality among Appalachian women is not fully known. But early deprivation may be expected to create a spiral effect operating through the generations. It is believed by some (69, 70) that British working class women are still paying the price of Britain's rapid industrial development and that present excessive mortality among them will not be alleviated until at least one generation is reared in an environment which allows the complete expression of genetic potential. The lowering of infant mortality rates and disappearance of class and regional differences in heights among Swedish school children substantiates this belief (71).

The provision of food to families and individuals in need, amounts to increasing the income of those persons. A more direct method is to provide cash for basic survival needs. In many states and countries such support has been meager while in others, because of differing economic bases or social philosophies, aid has approximated the median income level of the group. Could these differences have changed the destinies of the societies involved? Some nations and states seem already to have reaped the benefits of this long term strategy.

For the last several generations the Scandanavian countries have been able and willing to distribute resources to ensure a living standard for all substantially above mere survival. At the present, Sweden is the only nation in which the population seems to have reached its potential in height. This has only been documented for a few advantaged subgroups, one being Harvard graduates whose fathers, grandfathers, and great grandfathers also graduated from Harvard (2).

In the United States, payments to families with dependent children have varied greatly among the states, with the more populated and more industrialized states generally able to meet a higher percentage of survival needs (as objectively determined by economists) than others. Some states not fitting these categories, however, have also been able to provide for families at a higher level. For example, Vermont and Maine provide aid to families with dependent children up to twice that in states with similar populations (i.e., rural, white, low income). Although child growth data is not available for these states, infant mortality rates are. Three year average infant mortality rates (1980-1982), were 9.2 per 1,000 live births for Vermont and 9.7 for Maine (19, 24, 25). During the same time period infant mortality was 12.0 per 1,000 for West Virginia.

Some underdeveloped countries have taken note of relationship between food distribution and economic goals. A national nutrition policy was developed for Columbia when the South American nation discovered that a large percentage of its school children were incapable of learning beyond the early grades. Doing so represented a longterm view recognizing that only as the skill levels of individuals increased could the nation achieve much needed economic development.

Closer to home is the example of Massachusetts. During the late forties and early fifties, Massachusetts suffered severe economic depression when the shoe and textile industries moved south and again in the early seventies when the aerospace industry collapsed. In 1978 the unemployment rate in Massachusetts was 11.2 while the United States rate was 8.5 (72). Despite having all five counties (containing 5.9 million people) declared economic disaster areas over this thirty year period, levels of aid to families with dependent children remained relatively high and Massachusetts consistently experienced infant mortality rates below the national average.

By 1984 Massachusetts had an unemployment rate of 4.8 percent as compared to the national rate of 7.5 percent and the state had the fourth highest per capita income in the country. Currently (1985) Massachusetts has the lowest unemployment rate in the nation, 3.9 percent, while the rate for the United States remaining over 7 percent. Many of the sons and daughters of the mill and factory workers are now employed either in computer-age industries or in providing the services to support these industries.

While it is recognized that Massachusetts has a long heritage of industry and capital wealth, the state had become a leading example of the decaying industrial northeast with its severely eroded economic base.

Should its recovery be attributed to some magic or perhaps to the state's long commitment to maintaining the health and fostering the education of its citizens? Or looking further back could it be that the people of Massachusetts, like the northwest indians, were blessed with abundent protein from the sea?

V CONCLUSION AND RECOMMENDATIONS.

There is no adequate justification for anyone especially children in the United States to be at nutritional or other risk even in those states plagued by economic problems including high unemployment. Resources exist on both the state and national level to alleviate the situation; they need only be judiciously applied.

Ill-fed children do not fully develop physically, mentally or emotionally, and these effects are independent of other environmental factors such as poor sanitation, lack of early stimulation, or faulty parent-child relationships. These other factors serve primarily to make the situation considerably worse by interacting with the nutritional problems in a way that is multiplicative rather than additive. The end result is children who are uneducable at the level demanded by today's highly technological society and thus as adults employable only at the lowest skill levels.

Although the issues have differed, several states in the past year have led the way in taking steps to protect their children (73). Massachusetts, Indiana, New York and Ohio through the establishment of governors' taskforces, the determination of individual legislators, and the work of child advocates from every level of the community have succeeded in passing legislation aimed at further enhancing and protecting their children.

It is recommended that:

A. There be a panel of West Virginia's leaders in government, education, business and labor convened to further explore this issue and make recommendations as to how these groups might best combine forces to ensure a well fed, and thus productive and viable population in West Virginia.

B. A statewide nutrition and health survey be conducted to assess the present nutritional status of West Virginia's population.

C. A monitoring and surveillance system be put in place to ascertain the nutritional wellbeing and growth status of West Virginia's children on a continuing basis. Mandated statewide nutritional screening of children at school entry would be a beginning, although it will be already too late at the point to fully restore those found to have been deprived during the preschool years.

D. A single well placed individual within state government whose business it is to oversee the nutritional wellbeing of West Virginia's children.

It is expected that any true solution of present deficits will involve additional efforts on the part of each of the forces serving on such a panel. Both the direct and indirect costs of not taking such action are clearly unacceptable. Dollar costs include not only the initial costs of neonatal intensive care for low birthweight newborns but the lifelong care of many of these same individuals. The United States Office of Technology Assessment estimates that lifetime custodial care is presently averaging $350,000 per individual and cost for special education and health care is about $123,00 for each child needing these services. Additional costs include $3,000 for every child who repeats a grade in school (73) and the difference in lifetime earnings of those whose educational potential has been jeopardized by poor nutrition or related poor health. The human costs of inaction are at least as great.

The enormity of the problem calls for long term committment and effort on the part of all of those concerned about West Virginia's future. No one time, short term solution will suffice. Long term planning and investment is essential if West Virginia is going to have a viable economic future. "Where there is no vision the people perish" (Proverbs 29:18).

REFERENCES

1. Honigmann, J.J., Understanding Culture, New York: Harper & Row, 1963.

2. Tanner, J.M., Growth as a monitor of nutritional status, Proc. Nutr. Soc., 35:315-22, 1976.

3. U.S. Department of Health, Education, and Welfare, Ten-State Nutrition Survey 1968-1970, DHEW Publ. NO (HSM) 72-8133.

4. Data from the National Health Survey, Vital and Health Statistics Series 11 #226-232, DHHS Publ No. (PHS) 83-1676-1682, 1983.

5. Hunger in America: The Growing Epidemic, Physician Task Force on Hunger in America, Harvard University School of Public Health, 1985.

6. Hunger in West Virginia, West Virginia Food-Law Project, Gassaway, West Virginia, 1983.

7. Food Marketing Institute Survey of 1,500 Adults, Published in USA Today, June, 1985.

8. Personal communication, Donald Roberts, Food Stamp Program, West Virginia Department of Human Services, June, 1985.

9. Garland, B.K., Survey of Maternity and Infant Care Project Families, Frankfurt, KY, Kentucky State Dept. of Health, 1968.

10. Personal communication, Nelson Ellifritz, Gassaway Food Bank, June, 1985.

11. Surplus Food Program Document, Department of Human Services, June, 1985.

12. Personal communication, Naomi Bowlby, Food Bank, Scots Run Settlement House, Osage, West Virginia, June, 1985.

13. U.S. Bureau of the Census, Statistics Abstract of the United States: 1985, (105th Edition) Washington, D.C., 1984.

14. Filer JR, L.J. Chairman, Committee on Nutrition, American Academy of Pediatrics. Childhood Diet and Coronary Heart Disease, Pediatrics, 49(2):305-7, 1972.

15. Laird, W.P., Childhood and diet as related to atherosclerosis, Clinical Pediatrics, 14(5):485-6, 491-4, 1975.

16. Committee to study the prevention of low birthweight, Behrman, R.E., Chairman, Preventing Low Birthweight, Washington, D.C.: National Academy Press, 1985.

17. Personal communication, Allen Rhodes, WIC Program, West Virginia Department of Health, June, 1985.

18. Pearson, R.J.C. and Dacey, A. Department of Community Medicine, West Virginia University, unpublished data on low birthweight costs, 1985.

19. Advance Report of Final Mortality Statistics, 1982, NCHS Monthly Vital Statistics Report, 33(9) Supp.:39, 1984.

20. West Virginia Department of Health, *Vital Health Statistics of WV 1981, Charleston, WV, State of West Virginia Department of Health, 1983.*

21. West Virginia Department of Health, *Vital Health Statistics of WV 1982, Charleston, WV, State of West Virginia Department of Health, 1984.*

22. West Virginia Department of Health, *Vital Health Statistics of WV 1983, Charleston, WV, State of West Virginia Department of Health, 1985.*

23. Advance Report of Final Mortality Statistics, 1980, NCHS Monthly Vital Statistics Report, 32(4) Suppl., 1983.

24. Advance Report of Final Mortality Statistics 1981, NCHS Monthly Vital Statistics Report, 33(3) Suppl., 1984.

25. Watson, E.H. and Lowery, G.H., *Growth and Development of Children, Chicago: Yearbook Medical Publishers, 1962.*

26. Stuart, H.C. and Stevenson, S.S., Physical growth and development. In: Nelson, W.E. (ed) *Textbook of Pediatrics*, 5th ed., Philadelphia: W.B. Sounders, 14-73, 1950.

27. NCHS Growth Curves for Children: Birth - 18 Years, Vital and Health Statistics, Series 11, #165, DHEW Publ. No (PHS) 78-1650, 1977.

28. Garland, B.K., Unpublished data on growth and development of Monongalia County children upon school entry.

29. Brenner, M.H., Mortality and the National Economy: A Review, and the Experience of England and Wales 1936-1976. *Lancet*, ii 568-73, 1979.

30. Gravelle, H.S.E., Hutchinson,G., and Stern, J., Mortality and Unemployment: A critique of Brenner's time-series analysis, *Lancet*, 675-9, Sept. 26, 1981.

31. Schulman, I., Iron Requirement in Infancy, *J. of the Amer. Med. Assn.*, 175:118-23, 1961.

32. Ashworth, A. and Waterlow, J.C., Calorie and Protein Intake and Growth, *Lancet*, 1:776-7, 1969.

33. Brown, P., Pearson, R.J.C., Wolf, H., Unpublished data on tracking infants "at risk."

34. Edozien, J.C., et al. Medical Evaluation of the Special Supplemental Food Program for Women, Infants and Children, Chapel Hill, N.C.: Department of Nutrition, School of Public Health, University of NC, 1976.

35. Garn, S.M., Bone Ossification and Skeletal Development, In: Pre-School Child Malnutrition: Primary Deterrent to Human Progress, Washington, D.C.: National Academy of Science, 1966.

36. Dickerson, J.W.T. and John, P.M.V., The Effect of Portein-Calorie Malnutrition on the Composition of the Human Femur, British J. Nutr., 23:917-24, 1969.

37. Scrimshaw, N.S., Taylor, C.E. and Gordon, J.E. Interactions of Nutrition and Infection, WHO MOnograph, Series No. 57, 1968.

38. Powanda, M.C. Changes in Body Balances of Nitrogen and Other Key Nutrients: Description and Underlying Mechanisms, American Journal of Clinical Nutrition, 30:1254-1268, 1977.

39. Winick, M. Malnutrition and Brain Development, Journal of Pediatrics, 74:667-679, 1969.

40. Dobbing, J. Vulnerable Periods of Brain Development, In: Lipids, Malnutrition and the Developing Brain, Amsterdam: Association Scientific Publication, 9-20, 1972.

41. Fish, I and Winick, M. Cellular Growth in Various Regions of the Developing Rat Brain, Pediatric Research, 3:407-412, 1969.

42. Platt, B.S. and Stewart, R.J.C., Effects of Protein-Calorie Deficiency in Dogs, Developmental Medicine and Child Neurology, 11:174-92, 1969.

43. Stewart, R.J.C., The Influence of Protein-Calorie Deficiency on the Central Nervous System, Proceedings Nutrition Soc., 27:95-101, 1968.

44. Baraister, M. and Evens, D.E., The Effect of Undernutrition on Brain Rhythm Development, South African Med. J., 43:56-8, 1969.

45. Stein, Z. and Susser, M., The Dutch Famine 1944-45, Pediatric Res., 9(2):76-83, 1975.

46. Barnes, R.H., Moore, A.U. and Pond, W.F., Behavioral Abnormalities in Young Adult Pigs Caused by Malnutrition in Early Life, J. of Nutr., 100:149-55, 1970.

47. Smart, J.L. and Dobbing, J., Vulnerability of Developing Brain, Developmental Psychobiology, 5:129-35, 1972.

48. Cowley, J.J. and Friesel, R.D., The Development of Second Generation Low Protein Rats, Journal of Psychology, 103:233-42, 1963.

49. Frankova, S. and Barnes, R.H., Effect of Malnutrition in Early Life on Avoidance Conditioning and Behavior of Adult Rats, J. of Nutr. 96:485-93, 1968.

50. Levitsky, D.A. and Barnes, R.H., Nutritional and Environmental Interactions in the Behavioral Development of the Rat, Science, 176:68-71, 1972.

51. Barrett, D.E. and Radke-Yarrow, M., Effects of Nutritional Supplementation on Children's Responses to Novel, Frustrating, and Competition Situations, Amer. J. of Clinical Nutr. 42:102-20, July, 1985.

52. Stoch, M.B. and Smythe, P.M., The Effect of Undernutrition During Infancy on Subsequent Brain Growth and Intellectual Development, South African Med, J., 41:1027-30, 1967.

53. Cravioto, J. and Robles, B., Evolution of Adaptive and Motor Behavior During Rehabilitation from Kwashiorkor, Amer. J. of Orthopsychiatry, 35:449-64, 1965.

54. Chase, H.P. and Martin, H.P., Undernutrition and Child Development, New England J. of Med., 282:933-9, 1970.

55. Yatkin, U.S. and McLaren, D.S., The Behavioral Development of Infants Recovering from Severe Malnutrition, J. of Mental Deficiency Res., 14:25-32, 1970.

56. McLaren, D.S., Yaktin, U.S., Kanawati, A.A., Sabbagh, S. and Kadi, Z., The Subsequent Development of Rehabilitated Marasmic Infants, J. of Mental Deficiency Res., 17:273-81, 1973.

57. Richardson, S.A., Birch, H.G. and Hertzig, M.E., School Performance in Children Who Were Severly Malnourished in Infancy, Amer. J. of Mental Deficiency, 17:623-32, 1973.

58. Monckeberg, F., Tisler, S., Tore, S., Gattals, V. and Vega, L., Malnutrition and Mental Development, Amer. J. of Clinical Nutr., 25:766-72, 1972.

59. Winick, M., Meyer, K.K. and Harris, R.L., Malnutrition and Environmental Enrichment by Early Adoption, Science, 190:1173-5, 1975.

60. Nguyen, J.L., Meyer, K.K., and Winick, M.. Early Malnutrition and "Late" Adoption, Amer. J. of Clinical Nutr., 30(10):1734-9, 1977.

61. Thomson, A.M., The Evaluation of Human Growth Patterns, Amer. J. of Diseases of Childhood, 120:398-403, 1970.

62. Fiscal Data for State Workers' Compensation Systems 1982, 1981 and 1973. Bulletin #29 W.C. National Foundation for Unemployment Compensation and Workers' Compensation, March, 1985.

63. Sando, M.E., Prevalence of Work Disability by State, 1976, Social Security Bulletin, 42(5), 1979.

64. Report of the North Carolina Nutrition Survey: Part 1, Raliegh, N.C.: North Carolina State Board of Health, 1971.

65. Editorial, Further Ammunition, The WV Medical J., 81:127, June, 1985.

66. Garland, B.K., Dissertation Psychosocial Aspects of Growth Retardation, Chapel Hill, N.C.: Department of Epidemiology, University of North Carolina, 1978.

67. Hepner, R. and Maiden, N., Mothering and Malnutrition, Presented to American Public Health Association, 1972.

68. Sauer, H., Geographic Patterns in the Risk of Dying and Associated Factors: Ages 35-74 Years, Vital and Health Statistics Series 3, #18 DHHS Publ. No. (DHS) 80-1402, 1980.

69. Baird, D., Environment and Reproduction, Br. J. Obstet. Gynaecol., 87:1057-67, 1980.

70. Baird, D., Changing Problems and Priorities in Obstretrics, Br. J. Obstet. Gynaecol., 92:115-21, 1985.

71. Lindgren, G., Height, Weight and Menarche in Swedish Urban School Children in Relation to Economic and Regional Differences, Ann. Hum. Biol., 3:501-28, 1976.

72. Alm, R., How Massachusetts Rebuilt its Image, U.S. News and World Report, 73-4, Jan. 28, 1985.

73. State Child Care Stratagies Payoff, CDF Reports 7:5 4-5, 1985.

PREPARED STATEMENT OF JUDITH VOEHRINGER, EXECUTIVE DIRECTOR, RURAL OPPORTUNITIES

Mr. Chairman: I am Judith Voehringer, Founder and Executive Director of Rural Opportunities, a non-profit organization with a training and demonstration center in Kempton, PA. We teach techniques of self-reliant agriculture, energy-efficient construction and cooperative economic development.

Thank you, Mr. Chairman, for giving me this opportunity to share with you and your colleagues our experiences in working with food and the hungry.

For many days and hundreds of hours each year, Congress devotes its best minds to listening to advice of a range of practitioners within the food industry. Farmers, processors, consumers, financiers and policy makers each provide an overview of the various links of the food chain. Yet the problems seem more insurmountable each year. Since hunger is the lack of food and food can be grown by people if they have soil, Rural Opportunities starts with the soil.

Soil building can be demonstrated in the rocky hills of Kentucky, the coal fields of Tennessee and the scrub lands of Virginia. The community garden projects started in the communities heard from today can only produce as much as the soil can sustain. Rural Opportunities gives workshops showing how local waste can be used to compost for a richer, well-balanced base from which to start. We show how to observe nature's earthworms, weeds, and bugs to see what the soil needs.

Soil sharing is not only these community garden projects where people come together to share the labor and fruits of their labor, it is taking soil to those who do not have it. Soil sharing is McDonald's pickle containers on the front porch of an elderly mountain woman unable to go to the garden. Soil sharing is a family of six using the buckets for rooftop gardens in the middle of Harlem. Residents of a brownstone have had fresh tomatoes, lettuce, spinach, cucumbers and strawberries this year because of our Rurban project. One stationwagon carrying a dozen 5-gallon containers of good Pennsylvania soil, on a two-hour mission, delivers a "garden" to help feed a family of six. Whether it is in Southern Appalachia, Northern Appalachia, or inner city America, it's small, simple, but an answer to hunger.

The government mandated policy of putting farmers out of business very simply means that city people will either have to grow their own food, starve or become poor people on food stamps! One thing city people are already doing is growing food on city owned land.

Since the 1940's we have had J.I. Rodale, Rachael Carson and E.F. Schumacher warning us of the dangers of chemicals in our food. The late 1970's finally saw serious research being acknowledged to where the Department of Agriculture gave us a report on alternatives to chemicals in growing our food. Just when we felt we had choices and research to help us see the long range advantages of biological growing, the 1980's administration, with pressure from chemical companies, reversed this position. We can no longer get the USDA Report on Organic Agriculture.

Private non-profits and biological suppliers working for regenerative agriculture have found blocks in their paths by the very government agencies set up to ensure safe products. Rural Opportunities has used a foliar feeding discovered by a Minnesota plant scientist, where by spraying the leaves, production increased four fold. However, since FDA approval has not been received, we may no longer have this tool to fight hunger by growing larger amounts of food.

Low income people who cannot grow their own food should have it free from toxic contamination at the same cost as chemical-laden food. This healthy food should not be considered a "luxury item." More local food systems, more community garden efforts, more roof top gardens will make good food available to the poor.

Rural Opportunities has introduced specialty crops that bring high market prices in commonty garden efforts now in progress in Kentucky and Tennessee. Through a free seed program from American the Beautiful Fund, herb gardens are thriving, and markets are growing. Under the direction of Tilda Kemplen, rural economic development has sprung from the edges of the same gardens feeding hungry children. Where markets for a number of specialty crops have been developed, the lightweight herb packets find their way by UPS from the rural backroads to city gourmet shops. This effort is not only answering the need for food, but building home businesses in the community.

Organizations such as Rural Opportunities, teaching people to grow their own food and salable products, see food as an important social tool. Passing on the skills of growing food is only a small part of working with the disenfranchised. Empowering the powerless through these educational programs is a long-range and lasting feeding program. We deal not just with hunger issues, but with hungry people.

And how do hungry people see the government's programs to alleviate or combat hunger? Much like the frosting on a cake displayed in a bakery window. When it's cut into, only a hollow cardboard center is to be found. People do not want frosting. They cannot live on frosting. What they do want and need, however, is the ingredients to make their own cake. They want and need tools and education to grow more of their own food. They understand that the food stamp program was designed to supplement their daily nutritional needs. They want to supply the rest.

Organizations such as In Our Way, Mountain Women's Exchange, America the Beautiful Fund, and Rural Opportunities are giving good recipes for this cake, but these organizations cannot do it without the ingredients. The people want and need these vital inputs from the government to formulate their own programs—programs designed by them to meet the needs of their own communities to fight their battle against hunger and poverty. And to aid the people in this venture the non-profits act as the catalysts of action to bridge the gap between government and people. This is the active role Rural Opportunities takes.

We have heard the same complaints you have heard of unwise use of food stamps. When we asked women using food stamps for their suggestions and opinions we found the majority also saw "too much junk food" being purchased. One solution was to have a section of every grocery store for food stamp recipients much like the section for generic goods is now separated. They felt this would be a good way to get rid of the stigma of welfare misuse and assure better food for all.

Appalachia has been referred to as the third world of the United States. Should we not study and learn from some of the measures adopted by third world countries to overcome similar problems? since high technology has devastated many regions and created vast unemployment, should we not turn to appropriate technology that will better suit the needs of Appalachia, bringing much needed self reliance, self respect and economc development?

Our problems started out small and grew large. Why can't our solutions do the same?

In the center of the Keystone State, surrounded by some of the Nation's most abundant and healthy crops from fertile farms is Rural Opportunities. This training and demonstration center incorporates techniques of self reliant agriculture, energy efficient construction, and cooperative economic development. There is a growing network of rural women who are working to keep these basic skills of survival.

Rural Opportunities is an organization of women who promote the understanding that there are solutions to the growing crisis of: farm wives who go off the farm for income, displaced homemakers from either death of divorce, women who lack adequate education to re-enter the job market.

Yet, rural women often do not recognize their own hands-on skills which can be translated into economic independence while strengthening traditions of social cooperation. Eventually, this positive action of sharing can bring self-power to this otherwise disenfranchised segment of the rural population.

Guided by a board of directors with several collective centuries of rural organizing experience, Rural Opportunities is directed by Judy Voehringer whose hands-on workshops with low income rural women have gained her numerous state and local awards and the focus of an upcoming PBS documentary on rural leaders. "Out here we intend to put legs on the mission of economic development for women," Ms. Voehringer says. "Each one teach one' remains the only effective way to build a society." And like most things, it sounds good in theory . . . We are now prepared to prove, over the passage of time, that this concept works! Our motto is, "Out of obscurity and into involvement."

Rural Opportunities' workshops were the key to: a dozen solar greenhouses on low income women's homes from New Mexico to Maine, craft and herb cooperatives thriving in the Kentucky/Tennessee mountains, prison gardens in North Carolina, hortatherapy programs in a Pennsylvania mental facility, rooftop gardens in Harlem, food co-ops for Latino mushroom pickers.

The national office of Rural American Women, the northeast regional offices of America the Beautiful Fund and the international training program for In Our Own Way are headquartered in the Rural Opportunities building, strengthening the network of rural women.

O